# 2015-2016 Dependent Household Resources

**Student Name:** ___________________________  **R#:** ___________________________

## Section A

In 2014, did you or your parent(s) receive benefits from any of the federal programs listed? Answering these questions will not reduce your eligibility for student aid or these programs.

**CHECK ALL THAT APPLY**

- [ ] Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp Program)
- [ ] Free or Reduced Price Lunch
- [ ] Section 8 Housing, HUD or Income Sensitive Rent
- [ ] Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- [ ] Supplemental Security Income
- [ ] Temporary Assistance for Needy Families (TANF)

## Section B

Please complete the table listing the income source for student and parent(s) in 2014 and the yearly amounts for each. **Please complete every field, if it does not apply, please answer with $0 for amounts.** Amounts of zero may require further explanation.

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Student Yearly Amount</th>
<th>Parent(s) Yearly Amount</th>
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</thead>
<tbody>
<tr>
<td>Payments to tax-deferred pensions and savings plans. (Amounts reported on W-2s in boxes 12a-12d, codes D, E, F, G, H, and S. Do not include amounts reported in code DD.)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child support received for all children. (Do not include foster care or adoption payments)</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Housing, food, and other living allowances paid to the members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on base military housing or the value of a basic military allowance for housing.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Veterans’ non-education benefits, such as Disability, Death Pension, Dependency &amp; Indemnity Compensation (DIC), and/or VA Educational Work-Study Allowances.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Any other untaxed income and benefits not reported elsewhere on this worksheet. (Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, supplemental security income, workforce investment act, educational benefits, combat/special combat pay, and benefits from flexible spending arrangements, foreign income inclusions, or credit for federal tax income on special fuels.)</td>
<td>$</td>
<td>$</td>
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<td>Cash received or any money paid on your behalf (e.g. bills) not reported elsewhere on this form.</td>
<td>$</td>
<td>$</td>
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</table>

By signing this form, you are certifying that all information on the form is correct and that, if asked, you will provide the requested documents to verify the information. If you purposely give false or misleading information on this form, it could result in being fined, sent to prison, or both.

**Student Signature:** ___________________________  **Date:** ________________

**Parent Signature:** ___________________________  **Date:** ________________
2015-2016 Dependent

**HOUSEHOLD SIZE & COLLEGE ATTENDANCE**

**Student Name:** ________________  **TTU R#:** ________________

**Dependent student’s household:**
- How many people are in your parent’s household and will receive more than half of their support from your parents between July 1, 2015 and June 30, 2016? ______
- Please list **all** household member’s name, age, and relationship to the student below.

**Dependent student’s college attendance:**
- How many people in your parent’s household will be college students in a degree seeking program and attending at least half time between July 1, 2015 and June 30, 2016? _____
- Please list the college/university for the household members **who will** be attending during 2015-2016 school year below. **(Dual Credit student do not qualify)**

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College attending in the 2015-2016 year</th>
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<tr>
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<td>Self</td>
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<td>University Name</td>
</tr>
</tbody>
</table>

*If more space is needed, provide a separate page with the student’s name and ID number at the top.

**Note:** We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

**TAX FILER INFORMATION**

**STUDENT INCOME INFORMATION**

Please check the ONE box that applies to you:

- The Student has used the IRS Data Retrieval Tool on FAFSA
- The Student will submit a 2014 IRS Tax Return Transcript
- The Student will submit a non-tax filer and supporting documents

**PARENT INCOME INFORMATION**

Please check the ONE box that applies to you:

- The Parent has used the IRS Data Retrieval Tool on FAFSA
- The Parent will submit a 2014 IRS Tax Return Transcript
- The Parent will submit a non-tax filer form and supporting documents

**Certification: STUDENTS AND PARENTS MUST COMPLETE THE CERTIFICATION BELOW**

By signing this worksheet we certify that all information reported is complete and correct. We understand that if we purposefully give false or misleading information on this worksheet, we may be fined, sentenced to jail, or both.

Student’s Signature (Required) ________________  Date ________________

Parent’s Signature (Required) ________________  Date ________________