

BENNINGTON COLLEGE

Financial Aid Office • One College Drive • Bennington, Vermont • 05201 • 802-440-4325 • fax 802-440-4880 • finaid@bennington.edu • www.bennington.edu

Verification of Household Resources Supplement (V6)

Student: _____ SSN: XXX-XX- _____

Address: _____

Your FAFSA has been selected for a process called Verification because the wages on the FAFSA are insufficient to support your reported household size. We are unable to finalize your financial aid until the following information has been provided to satisfy this federal requirement for information about household resources. Please report below any amount of untaxed income you and your parent(s) received last year.

	Parent(s) Amount	Student Amount
Alimony received	\$	\$
Bills Paid on your behalf by someone else (i.e.: relatives, non-custodial parent, friends)	\$	\$
Cash Money given to you by someone else (i.e.: relatives, non-custodial parent, friends)	\$	\$
Cash Payments for Food to member of the military, clergy, and others	\$	\$
Cash Payments for Housing to member of the military, clergy, and others	\$	\$
Cash Payments for Living Expenses to member of the military, clergy, and others	\$	\$
Disability Income	\$	\$
Social Security Benefits	\$	\$
Workers' Compensation	\$	\$
Withdrawals from Individual Retirement Account (IRA)	\$	\$
Withdrawals from Pension	\$	\$
Payments made to Tax Deferred Pension	\$	\$
Payments made to Tax Deferred Retirement Savings	\$	\$
Foreign Income Exclusions	\$	\$
Railroad Retirement Benefits	\$	\$
Black Lung Benefits	\$	\$
Untaxed portions of Health Savings Accounts	\$	\$
Tax Exempt Interest Income	\$	\$
Other Income (explain) _____	\$	\$

If you and/or your parent(s) did not receive any income from any of the above sources, you must attach a detailed statement explaining how the family was supported during the last calendar year. ☐ **Attached**

Certification: By signing this Verification Form, I (we) certify the information reported here is complete and an accurate representation of our household resources.

Student Signature Date Student Name (print)

Custodial Parent Signature Date Parent Name (print)