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 during 2022.

	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)	\$	\$

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)	