

COLLEGE OF THE OUACHITAS

Financial Aid Office, One College Circle, Malvern, AR 72104
Phone (501) 337-5000 Fax (501)337-9382

2016-2017 Household Resources Verification Worksheet – Student (Side 1)

Student Name: _____ **College ID / SSN#:** _____

The 2015 income which you reported on the 2016-2017 Free Application for Federal Student Aid (FAFSA) appears to have been insufficient to support your household. Please itemize your income and expenses below:

During 2015, I lived: ___with parent ___with relative ___with friend ___on my own

2015 MONTHLY EXPENSES

LIVING EXPENSES	EXPENSES <small>List the amount per month from Jan.1, 2015 to Dec. 31,2015</small>	SUPPORT RECEIVED <small>List the amount per month from Jan.1, 2015 to Dec. 31,2015</small>	WHO PAID THIS EXPENSE?
Housing (rent/mortgage)	\$	\$	
Utilities	\$	\$	
Child Care	\$	\$	
Food	\$	\$	
Auto (car payment, gas, insurance, maintenance)	\$	\$	
Medical/Dental	\$	\$	
Personal/Misc.	\$	\$	
TOTAL MONTHLY EXPENCES/SUPPORT	\$	\$	XXXXXX
TOTAL YEARLY EXPENCES/SUPPORT <small>(Total Monthly x 12)</small>	\$	\$	XXXXXX

2015 MONTHLY INCOME/RESOURCES

Wages	\$
Welfare Benefits	\$
AFDC, TEA, TANF	\$
Food Stamps	\$
Housing Subsidies	\$
Cash Support	\$
Money Received or Paid on Your Behalf	\$
Social Security Benefits	\$
Child Support	\$
Alimony	\$
Other (Specify)	\$
TOTAL MONTHLY INCOME	\$
TOTAL YEARLY INCOME <small>(Total Monthly x 12)</small>	\$

(Note) Except in rare situations, everyone incurs living expenses, even if someone else is covering those expenses. If you are claiming that your total expenses are \$0, you must explain how you lived with no expenses. You must also explain how you were able to live on your monthly income. Attach a separate letter if needed.

ADDITIONAL COMMENTS EXPLAINING YOUR SITUATION:

I certify that the information provided above is complete and correct. I understand that this information is being used to determine my eligibility for Federal Financial Aid and that certain income/resource amounts not reported on my application may be reported through a correction process. **I understand that if my form is incomplete, my financial aid will be delayed.**

SIGNATURE (student): _____ **DATE:** _____

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2016-2017 Household Resource Verification Worksheet – Parent (Side 2)

Parent Side of Form Must Be Completed if the Student is a Dependent Student on the FAFSA

Student Name: _____ **College ID / SSN#:** _____

The 2015 income, which your parent(s) reported on the 2016-2017 Free Application for Federal Student Aid (FAFSA) appears to have been insufficient to support their household. Please have parent(s) itemize their income and expenses below:

2015 MONTHLY EXPENSES

PARENT LIVING EXPENSES	EXPENSES <small>List the amount per month from Jan.1, 2015 to Dec. 31, 2015</small>	SUPPORT RECEIVED <small>List the amount per month from Jan.1, 2015 to Dec. 31, 2015</small>	WHO PAID THIS EXPENSE?
Housing (rent/mortgage)	\$		
Utilities	\$		
Child Care	\$		
Food	\$		
Auto (car payment, gas, insurance, maintenance)	\$		
Medical/Dental	\$		
Personal/Misc.	\$		
TOTAL MONTHLY EXPENCES/SUPPORT	\$		XXXXXX
TOTAL YEARLY EXPENCES/SUPPORT <small>(Total Monthly x 12)</small>	\$		XXXXXX

2015 MONTHLY INCOME/RESOURCES

Wages	\$
Welfare Benefits	\$
AFDC, TEA, TANF	\$
Food Stamps	\$
Housing Subsidies	\$
Cash Support	\$
Money Received or Paid on Your Behalf	\$
Social Security Benefits	\$
Child Support	\$
Alimony	\$
Other (Specify)	\$
TOTAL MONTHLY INCOME	\$
TOTAL YEARLY INCOME <small>(Total Monthly x 12)</small>	\$

(Note) Except in rare situations, everyone incurs living expenses, even if someone else is covering those expenses. If you are claiming that your total expenses are \$0, you must explain how you lived with no expenses. You must also explain how you were able to live on your monthly income. Attach a separate letter if needed.

ADDITIONAL COMMENTS EXPLAINING YOUR SITUATION:

I/we certify that the information provided above is complete and correct. I/we understand that this information is being used to determine my eligibility for Federal Financial Aid and that certain income/resource amounts not reported on my application may be reported through a correction process. **I understand that if my form is incomplete, my financial aid will be delayed.**

SIGNATURE (student): _____ **DATE:** _____

SIGNATURE (parent): _____ **DATE:** _____