



# 2017-2018 Household Resources Form

Student Financial Services • 1 Ferncroft Road • Danvers, MA 01923-0840  
978-762-4189 or 781-477-2191

www.northshore.edu/financial-services  
sfs@northshore.edu

Required (please print)	HHRES1									
Student ID# <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">N</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> Last Name: _____ First Name: _____	N	0	0							<i>The income reported on the Free Application for Federal Student Aid (FAFSA) appears to be unusually low to support a household. As a result, we must verify how you are able to meet your expenses. Report untaxed income and benefits received in calendar year <b>2015 annual income</b>. Enter 0 if you or your parent(s) did not receive any untaxed income. Enter amounts received for the full calendar year. <b>DO NOT</b> enter monthly amounts.</i>
N	0	0								

2015 Untaxed Income	Student/Spouse	Parent(s)
<b>1. Payments to tax-deferred pension and savings plans</b> (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.	\$ _____	\$ _____
<b>2. Child support received</b> for all children. Do not include foster care or adoption payments or any amount that was court ordered, but not actually paid.	\$ _____	\$ _____
<b>3. Housing, food, and other living allowances</b> paid to 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.	\$ _____	\$ _____
<b>4. Veterans' non-education benefits</b> such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$ _____	\$ _____
<b>5. Any other untaxed income or benefits not reported</b> , such as workers' compensation, disability, etc. Include from IRS 1040 line 25 (health savings accounts). <b>DO NOT INCLUDE</b> student aid, earned income credit, additional child tax credit, welfare benefits, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements, (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$ _____	\$ _____
<b>6. Money received, or paid on your behalf</b> this includes 529 Plans, money paid by noncustodial parent or money not reported elsewhere on this form.	\$ _____	NA

### Explanation of Support

Provide information about any other resources, benefits and other amounts received by you and any members of your/parent's household. This may include items that were not required to be reported on the FAFSA or other forms submitted and includes such things as federal veterans' education, military housing, SNAP, TANF etc.

Name of Recipient	Type of Financial Support	Annual Amount Received in 2015

If you provided zeros for all the above answers, please explain how you or your parents are supporting the household.

### Certification and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The parent whose information was reported on the FAFSA must sign. **We cannot accept digital signatures.**

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**WARNING:** If you purposely give false or misleading information on this form, you may be fined, sentenced to prison, or both.