

**2015-2016  
Verification of Household Resources (V6)**

Student's Name \_\_\_\_\_ Last Four of SSN \_\_\_\_\_

**If any item does not apply**, enter 'N/A' for Not Applicable where a response is requested, or enter '0' in an area where an amount is requested.

If the student was required to provide parental information on the FAFSA, answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

**2014 IRS W-2 forms:** Provide copies of all 2014 IRS W-2 forms issued by the employers to the dependent student and the student's parents or to the independent student and spouse, if the student is married.

**To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2014, multiply that amount by the number of months in 2014 you paid or received it. If you did not pay or receive the same amount each month in 2014, add together the amounts you paid or received each month.

If more space is needed, provide a separate page with the student's name and Social Security number at the top.

**A. Payments to Tax-Deferred Pension and Retirement Savings**

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g. 401(k), 403(b) plans), including, but not limited to, amounts reported on W2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Annual Amount Paid in 2014

**B. Child Support Received**

List the actual amount of any child support received in 2014 for the children in your household.

**Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child for Whom Support Was Received	Annual Amount of Child Support Received in 2014

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**C. Housing, Food, and Other Living Allowances Paid to Members of the Military, Clergy, and Others**

Include cash payments and/or the cash value of benefits received.

**Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Annual Amount of Benefit Received in 2014

**D. Veterans Non-Education Benefits**

List the total amount of veteran's non-education benefits received in 2014. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

**Do not include** federal veteran's educational benefits such as: Montgomery GI Bill, Dependents' Education Assistance Program, VEAP Benefits, and Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-Education Benefit Received	Annual Amount of Benefit Received in 2014

Student's Name \_\_\_\_\_ Last Four of SSN \_\_\_\_\_

**E. Other Untaxed Income**

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

**Do not include** any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income Received	Annual Amount of Other Untaxed Income Received in 2014

**F. Money Received or Paid on the Student's Behalf**

List any money received or paid on the student behalf (e.g. payment on student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2014. Include support from a parent whose information was not reported on the student's 2015-2016 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives him/her cash, gift cards, etc., include the amount of that person's contribution **unless the person is the student's parent whose information is reported on the student's 2015-2016 FAFSA**. Amounts paid on the student's behalf also include any distribution to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, or uncles of the student.

<b>Purpose (e.g. cash, rent, books)</b>	<b>Annual Amount Received in 2014</b>	<b>Source</b>

**G. Additional Information**

So that we may fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required be reported on the FAFSA or other forms submitted to the Financial Aid Office, and include such things as federal veterans education benefits, military housing, SNAP, TANF, etc.

If more space is needed, provide a separate page with the student's name and Social Security number at the top.

<b>Name of Recipient</b>	<b>Type of Financial Support</b>	<b>Annual Amount of Financial Support Received in 2014</b>

**Comments:**

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Student's Name \_\_\_\_\_ Last Four of SSN \_\_\_\_\_

## H. CERTIFICATION AND SIGNATURES

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (required for dependent students)

\_\_\_\_\_  
Date

***Do not mail this worksheet to the U.S. Department of Education.***

***Submit this worksheet to:  
Kentucky Christian University, Financial Aid Office  
100 Academic Parkway  
Grayson, Kentucky 41143***

***You should make a copy of this worksheet for your records.***