



FINANCIAL AID OFFICE

518 W. Locust Street ■ Davenport, Iowa 52803
563/333-5775 ■ fax 563/333-5818
BeeCentral@sau.edu

2017-18 Household Resource

FEDERAL STUDENT AID PROGRAMS

Return this completed form to
St. Ambrose University, Financial Aid Office
518 W. Locust Street, Davenport, IA 52803

Your FAFSA has been selected for a process called verification. In order to finalize your financial aid package, please provide us the following information within 30 days: SECTION ONE: All applicants must complete this section.

SECTION TWO: Any applicant who lists an amount for line 6 below must complete this section.

Student Information

please print

Name Last First Middle Initial SAU student ID#
Address Street Apt. no. City State Zip
Date of birth Daytime phone (include area code)

SECTION ONE

2015 Untaxed Income (calendar year 2015)

Table with 3 columns: Question, STUDENT, PARENT. Rows include: 1 Payments to tax-deferred pension and savings plans, 2 Child support you received for all children in your household, 3 Housing, food and other living allowances paid, 4 Veterans' non-education benefits received, 5 Other untaxed income, 6 Money received or paid on your behalf, 7 Pension/IRA rollover.

## SECTION TWO

### Expenses

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Indicate the average monthly expense for each item listed below. Also list the sources of income, benefits or **support provided by others**, which paid each expense. **Complete all items. If something does not apply, enter "0"**.

EXPENSES	THIS EXPENSE IS IN WHOSE NAME? (parent or student)	AMOUNT PER MONTH	SOURCE OF PAYMENT (who/what pays this expense?)
Rent	_____	_____	_____
Utilities (phone, gas, electric)	_____	_____	_____
Insurance (health care, car)	_____	_____	_____
Child care / day care	_____	_____	_____
Car payment	_____	_____	_____
Medical / dental	_____	_____	_____
Personal (cell phone, clothing, entertainment, etc.) Please list.	_____	_____	_____

### Other Income

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List any income or benefits received for 2015. Include amount received on behalf of dependent children. **Complete all items. If something does not apply, enter "0"**.

SOURCE OF OTHER INCOME	STUDENT	PARENT
Welfare, TANF, FIP, food stamps	\$ _____	\$ _____
Social Security (SSI, SSD)	\$ _____	\$ _____
Untaxed income from work that was not reflected in 2015 (You received a W-2 but did not file taxes)	\$ _____	\$ _____
You began a new job since January 2016 (list your monthly income)	\$ _____	\$ _____

### Certification

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By signing this form, I (we) certify that all the information reported is complete and correct. If you are dependent, your parent must sign. Return the form to the St. Ambrose University Financial Aid Office.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

*(if dependent student)*