



FINANCIAL AID OFFICE

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

2018-19 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 or complete electronically

Name SAU student ID#
Address
Date of birth Daytime phone (include area code)

SECTION ONE

2016 Untaxed Income (calendar year 2016)

Table with 3 columns: Question, STUDENT, PARENT. Rows include Payments to tax-deferred pension and savings plans, Child support, Housing, food and other living allowances, Veterans' non-education benefits, Other untaxed income, Money received or paid on your behalf, Pension/IRA rollover.

SECTION TWO

Expenses

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

List any income or benefits received for 2016. 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 2016 (You received a W-2 but did not file taxes)	\$ _____	\$ _____
You began a new job since January 2016 (list your monthly income)	\$ _____	\$ _____

Certification

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)