



FINANCIAL AID OFFICE

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

2019-20 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# _____
Last First Middle Initial

Address _____
Street Apt. no. City State Zip

Date of birth _____ Daytime phone (include area code) _____

SECTION ONE

2017 Untaxed Income (calendar year 2017)

	STUDENT	PARENT
1 Payments to tax-deferred pension and savings plans (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. Don't include amounts reported in code DD — employer contributions toward employee health benefits. (as relates to questions 45a and 94 as on the FAFSA)	1 \$ _____	1 \$ _____
2 Child support you received for all children in your household Don't include foster care, adoption payments or any amount that was court ordered but not actually paid. (as relates to questions 45c and 94c on the FAFSA)	2 \$ _____	2 \$ _____
3 Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include value of on-base military housing or the value of a basic military allowance for housing. (as relates to questions 54g and 94g on FAFSA)	3 \$ _____	3 \$ _____
4 Veterans' non-education benefits received such as Disability, Death Pension or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. (as relates to questions 45h and 94h on FAFSA).	4 \$ _____	4 \$ _____
5 Other untaxed income not reported elsewhere on this form, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040, line 25. (as relates to questions 45i and 94i on FAFSA)	5 \$ _____	5 \$ _____
6 Money received or paid on your behalf For example, any obligation that is in your name that someone pays for you, such as rent payments, cell phone, utilities, car payments, etc. If this applies to you or your spouse or your parents, if you are dependent, please list the total here and complete SECTION TWO on the reverse side of this form. (as relates to questions 45j on FAFSA)	6 \$ _____	6 \$ _____
7 Pension/IRA rollover During the 2017 tax year, did one or more members of your household have an IRA/pension rollover? If so, this amount may have been reported as untaxed income resulting in a higher EFC on the FAFSA. If a rollover did take place, please submit a 1099-R as well as a receipt indicating a rollover occurred.	<input type="checkbox"/> yes <input type="checkbox"/> no 7 \$ _____	<input type="checkbox"/> yes <input type="checkbox"/> no 7 \$ _____

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 2017. 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 2017 (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)