



FINANCIAL AID OFFICE

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

2021-22 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

2019 Untaxed Income (calendar year 2019)

Table with 3 columns: Question Number, Description, Student Amount, Parent Amount. Rows 1-7 covering various income types like pension, child support, housing, veterans benefits, other untaxed income, and 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 2019. 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 2019 (You received a W-2 but did not file taxes) | \$ _____ | \$ _____ |
| You began a new job since January 2019 (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)