

# 2016-2017 Dependent Household Resources Form



**Office of Student Financial Aid**  
 University of Illinois at Urbana-Champaign  
 620 East John Street – MC 303  
 Champaign, IL 61820-5712  
 Fax (217) 265-5516 Phone (217) 333-0100

Student Name: \_\_\_\_\_ UIN: \_\_\_\_\_  
Last First MI (University Identification Number)

Please indicate any untaxed income, resources, benefits, and other amounts received by the student and each parent/stepparent included in the household on the 2016-2017 Free Application for Federal Student Aid (FAFSA). **Please do not leave any answer blank.** If income was not paid/received from one or more of these sources in 2015, please answer “None” or “0.”

2015 Untaxed Income (include the total amount of benefits received for all of 2015)	Student Total	Parent Total
Payments to tax-deferred pension/retirement savings plans (e.g., 401(k) or 403(b) plans): • <b>If you have not already done so, please attach all copies of W-2s/1099s received in 2015.</b>	\$	\$
Child support received for ALL children in the household ( <b>do not include</b> foster care/adoption payments):	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others:	\$	\$
Veterans non-education benefits:	\$	\$
Other 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):	\$	\$
Money received or paid on the student's behalf (e.g., bills). Include income received and payments made by anyone other than your parent(s) listed on FAFSA:	\$	

So that we can fully understand your family's financial situation, please indicate below other amounts received that may not have been required to be reported on the FAFSA or other forms submitted to the financial aid office.

2015 Additional Resources and Benefits (include the total amount of benefits received for all of 2015)	Student Total	Parent Total
Earnings or property value in another country ( <b>do not include</b> the home in which you live):	\$	\$
Financial support from friends, relatives and/or other:	\$	\$
Supplemental Nutrition Assistance Program (Food Stamps) benefits --- CASE ID# _____:	\$	\$
Social Security Benefits (SSB)/Supplemental Security Income (SSI):	\$	\$
Welfare/Temporary Assistance to Needy Families (TANF):	\$	\$
Other: _____	\$	\$

**Please calculate the costs of housing, utilities, and food for your parent's household in 2015.**

Total 2015 Housing costs: \_\_\_\_\_ Total 2015 Utilities costs: \_\_\_\_\_ Total 2015 Food costs: \_\_\_\_\_ **Total 2015 costs:** \_\_\_\_\_  
 \$ \_\_\_\_\_/year + \$ \_\_\_\_\_/year + \$ \_\_\_\_\_/year = \$ \_\_\_\_\_/year

**Please list in detail** how 2015 total household costs were paid and indicate the amount received from each source. If more space is needed to explain, attach a signed statement with the student's name and UIN.

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I certify that ALL of the information on this form is complete and correct.

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Parent Signature (Required for dependent students) Date

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