

2018-2019 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 2018-2019 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 2016, please answer “None” or “0.”

2016 Untaxed Income	Student Total	Parent Total
Payments to tax-deferred pension/retirement savings plans (e.g., 401(k) or 403(b) plans): • If you have not already done so, please attach all copies of W-2s/1099s received in 2016.	\$ /year	\$ /year
Child support received for ALL children in the household (do not include foster care/adoption payments):	\$ /year	\$ /year
Housing, food, and other living allowances paid to members of the military, clergy, and others:	\$ /year	\$ /year
Veterans non-education benefits:	\$ /year	\$ /year
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):	\$ /year	\$ /year
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:	\$ /year	

Please indicate if student/parent was self-employed, had business income, or a loss in 2016. Yes No

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.

2016 Additional Resources and Benefits	Student Total	Parent Total
Earnings or property value in another country (do not include the home in which you live):	\$ /year	\$ /year
Financial support from friends, relatives and/or other:	\$ /year	\$ /year
Social Security Benefits (SSB):	\$ /year	\$ /year
Other _____:	\$ /year	\$ /year

At any time during 2016 or 2017, did you, your parents, or anyone in your parents' household receive any of these federal benefits?

- Medicaid or Supplemental Security Income (SSI)
 Supplemental Nutrition Assistance Program (SNAP)
 Free or Reduced Price School Lunch
 Temporary Assistance for Needy Families (TANF)
 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Please calculate the costs of housing, utilities, and food for your parent's household in 2016.

Total 2016 Housing costs: Total 2016 Utilities costs: Total 2016 Food costs: **Total 2016 costs:**
 \$ _____/year + \$ _____/year + \$ _____/year = \$ _____/year

Please list in detail how 2016 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.

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.