

2020-2021 Independent 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 spouse, if the student is married)** on the 2020-2021 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 2018, please answer **"None"** or **"0."**

2018 Untaxed Income	Student Total	Spouse 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 2018.	\$ /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 benefits, untaxed foreign income, untaxed portions of health savings accounts from IRS Form 1040 Schedule 1-Line 25, etc.):	\$ /year	\$ /year
Money received or paid on your behalf (e.g., bills): Include income received and payments made by anyone not included on the FAFSA:	\$ /year	\$ /year

Please indicate if student/spouse was self-employed, had business income, or a loss in 2018. 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.

2018 Additional Resources and Benefits	Student Total	Spouse 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 2018 or 2019, did you (or your spouse) or anyone in your 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 household in 2018.

Total 2018 Housing costs: Total 2018 Utilities costs: Total 2018 Food costs: **Total 2018 costs:**
 \$ _____/year + \$ _____/year + \$ _____/year = \$ _____/year

Please list in detail how 2018 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.

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

Student Signature _____ Date _____