

The 2015 income reported on your 2016-2017 FAFSA appears to be too low to support the number of people in the household. Our institutional policy in conjunction with the Federal Policy of conflicting information allows us to ask for supporting documentation. Complete this form to provide information that explains how you and your spouse **OR** your parent(s) (*for dependent students*) were able to live and support the family in 2015. **PLEASE DO NOT LEAVE BLANKS:** If an item does not apply to you, enter “-0-” or “N/A”. While it may be difficult to determine some figures, it is important to provide the most accurate information possible. Financial aid administrators have the authority to request any documentation they need in order to resolve discrepancies, per section 479A of the Higher Education Act of 1965 and the regulations at 34 CFR 668.51(b), 34 CFR 668.54(a)(3), 34 CFR 668.54(a)(5), 34 CFR 668.60(a), 34 CFR 668.60(b)(1), 34 CFR 668.60(c)(2) and 34 CFR 668.60(d).

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID or SSN

**Section 1:**

Did anyone in the household receive income from working or from other sources in 2015? (*Submit supporting documentation, if applicable*)

Source of Income	Amount Received During 2015	Name of person who received this income.	Relationship To Student (self, parent, etc.)
a. Earnings from work ( <i>submit copies of all W2's, 1099's, etc.</i> )			
b. Unemployment Compensation ( <i>submit 1099-G</i> )			
c. Child Support			
d. Alimony			
e. Financial Aid <i>-in excess of school expenses</i>			
f. Other:			

**Section 2:**

Did anyone in the household receive any of the following types of public assistance in 2015? (*Submit supporting documentation, if applicable*)

Type of Benefit	Amount Received During 2015	Name of person who received this income.	Relationship to Student (self, parent, etc.)
a. SSI of Social Security			
b. AFDC/TANF			
c. Food Stamps/SNAP			
d. WIC			
e. Free/Reduced Price Lunch			
f. Subsidized Housing (HUD, Section 8, etc.)			

**Section 3:**

Were you (or your spouse or your parents) incarcerated during 2015?

\_\_\_ No

\_\_\_ Yes—from \_\_\_\_\_ to \_\_\_\_\_ (*Provide sources of income received in Sections 1 and 2 for any period during 2015 during which you or your spouse or your parents were not incarcerated*)

**Section 4:**

If you (and your spouse **OR** parents) **were not employed** and **did not receive any untaxed income** during 2015, but lived with individuals who provided support, you must indicate a dollar value to assess that support. **To do this, you will need to discuss the monthly expenses with the head of the household.** PLEASE DO NOT LEAVE BLANKS: if an item does not apply to you, enter "N/A".

Type of Expense	Monthly Amount	Name of Individual who pays this expense	Relationship to student (self, parent, etc.)
a. Housing (rent/mortgage)			
b. Utilities (electric, gas, water)			
c. Food			
d. Phone, Internet, cable			
e. Medical, Dental			
f. Child Care			
g. Auto (car payment, insurance, maintenance, etc.)			
h. Transportation (gas, bus ticket, etc.)			
i. Personal (clothes, credit cards, personal hygiene items, etc.)			
j. Other:			
<b>TOTAL MONTHLY EXPENSES</b>			

How many months did you reside in the household during 2015? \_\_\_\_\_

Is your name on the mortgage/lease agreement? Yes\_\_\_ No\_\_\_

How many adults (over the age of 18) lived in the household in 2015? \_\_\_\_\_

**CERTIFICATION: Read carefully before signing**

I hereby certify that all information contained in this document, including supporting documentation is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for federal and state aid may be further verified and corrected as required.

Trine University reports all suspected cases of fraud in any attempt for the sole purpose of qualifying and/or collecting financial aid to the U.S. Department of Education for possible investigation by the Office of Inspector General and possible prosecution by an appointed United States Attorney for sentencing of fines, imprisonment, or both.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Required for Dependent Student)

\_\_\_\_\_  
Date

**\*\*Incomplete information or missing documentation WILL delay processing your request for financial aid\*\***

<b>Questions?</b>			
Trine University Financial Aid Office 1 University Ave Angola, IN 46703	<b>Main Campus</b> 800.347.4878 option 3 260.665.4511 fax <a href="mailto:finaid@trine.edu">finaid@trine.edu</a>	<b>Peoria</b> 260-665-4130 260-665-4511 fax <a href="mailto:peoriafa@trine.edu">peoriafa@trine.edu</a>	<b>SPS</b> 877.294.4878 260.665.4511 fax <a href="mailto:spsfinaid@trine.edu">spsfinaid@trine.edu</a>