



2015-2016 Household Resources Form

Student Financial Services • 1 Ferncroft Road • Danvers, MA 01923-0840
 978-762-4189 or 781-477-2191

www.northshore.edu/financial-services
 sfs@northshore.edu

Required (please print)	HHRES1										
Student ID# <table border="1" style="width: 100%; text-align: center;"> <tr> <td>N</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Last Name: _____ First Name: _____	N	0	0								<i>The income reported on the Free Application for Federal Student Aid (FAFSA) appears to be insufficient to support a household. As a result, we must verify how you are able to meet your expenses. On this form "you" applies to the individual this information is being requested from.</i>
N	0	0									

Report untaxed income and benefits recieved in calendar year **2014 annual income**. Enter 0 if you or your parent(s) did not receive any of that income. Enter amounts received for the full calendar year. **DO NOT** enter monthly amounts.

2014 Untaxed Income	Student/Spouse	Parent(s)
1. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D,E, F, G, H, and S.	\$ _____	\$ _____
2. Child support recieved for all children. Don't include foster care or adoption payments.	\$ _____	\$ _____
3. Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Do not include Food Stamps, government sponsored housing subsidies or the value of on-base military housing, welfare benefits or TANF.	\$ _____	\$ _____
4. Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$ _____	\$ _____
5. Any other untaxed income or benefits not reported , such as workers' compensation, disability, etc. Include from IRS 1040 line 25 (health savings accounts). DO NOT INCLUDE student aid, earned income credit, additional child tax credit, welfare benefits, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements, (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$ _____	\$ _____
6. Money received, or paid on your behalf this includes 529 Plans, money paid by noncustodial parent or money not reported elsewhere on this form.	\$ _____	NA

Explanation of Living Circumstances

- Did you live with someone who provided you with free room and board in 2014? yes no
 If yes, who did you live with? _____
 If yes, is this arrangement continuing for 2015-2016? yes no
- Did you live in another country in 2014? yes no
 If yes, when did you arrive in the United States? (month/year) _____
 If yes, what was your total income (in U.S. dollars) that you earned in your country in 2014? _____

Signatures

I (we) certify that the information listed on this form is true and complete to the best of my (our) knowledge.

 STUDENT'S SIGNATURE

 DATE

 PARENT'S SIGNATURE

 DATE