

# V6 - Household Verification 2016-17

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ k-number \_\_\_\_\_  
 Phone number \_\_\_\_\_ Does student have bachelor degree? Yes \_\_\_ No \_\_\_  
 Is student married? Yes \_\_\_ No \_\_\_ Does student have legal dependent(s)? Yes \_\_\_ No \_\_\_

Full Name(s): include student, spouse (if married), parent(s) (if dependent per FAFSA) & those supported by the household between 7/1/16-6/30/17). For more space attach a separate sheet.	Relation -ship	Age	College Attended at least half-time during 2016-2017 school year (if any)
1.	Self		Kirkwood Community College
2.			
3.			
4.			
5.			

✚ In 2014 or 2015, did anyone in your household receive Food Stamps (SNAP)? Yes \_\_\_ No \_\_\_  
 ✚ If you/spouse/parent will not and are not required to file 2015 income tax returns check here: \*Student \_\_\_  
 \*Spouse (if married) \_\_\_ \*Father/step-father (if dependent) \_\_\_ \*Mother/step-mother (if dependent) \_\_\_  
 \*Tax filers and Non-filers must provide W-2's (if applicable) and return with this form.

Untaxed Work Income	2015 Total Amount
Student: Employer/Source: _____, _____	\$ _____
Parent(s): Employer/Source: _____, _____	\$ _____

✚ List untaxed income and benefits received during 2015 (as reported on your FAFSA). Include amounts received on behalf of dependent children (do not include untaxed financial aid) (Do not leave blank).

Source of Untaxed Income	Parent/Step-parent	Student/Spouse
Payment to pension/401k (w-2, box 12 a-d, codes D,E,F,G,H & S)	\$ _____	\$ _____
Child support <b>Received</b> in 2015 (for all dependents in household)	\$ _____	\$ _____
Military or Clergy Housing, food, & living allowances	\$ _____	\$ _____
Money rec'd or paid on your behalf / bills paid by someone else	\$ _____	\$ _____
Vet non-education benefit: Disability, VA work-study, Death pension	\$ _____	\$ _____
Other, e.g. Comp, disability first-time home buyers tax credit, etc. (identify): _____	\$ _____	\$ _____

✚ If no income is reported, provide a statement of how you/your parent's (if dependent) household was supported in 2015. Include how housing, utilities, food, child care, car payment, medical and other expenses were covered.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2015 Exclusions	Parent/Step-parent	Student/Spouse
2015 Child Support <b>Paid</b> for children not living in the household	\$ _____	\$ _____
Name of one(s) who paid child support: _____; Name of payee (to whom support was paid): _____ Children's name(s) for whom support was paid: _____		

**By signing this worksheet, I certify that all the information reported to qualify for Federal Student Aid is complete and correct.**

➤ Please return this form to Kirkwood Community College along with any other requested materials to:

- Fax to: 319-398-4928
- Email to: [onestop@kirkwood.edu](mailto:onestop@kirkwood.edu)
- Mail to: KCC One-Stop, 6301 Kirkwood BLVD SW, Cedar Rapids, IA 52404

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

Student \_\_\_\_\_ Date \_\_\_\_\_  
 (Required)

Parent (father/mother) \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature of one parent required if dependent per FAFSA)