HRV17

Coconino Community College
OFFICE OF STUDENT FINANCIAL AID

HOUSEHOLD RESOURCE VERIFICATION

(2016-2017 Academic Year V1, V5, V6)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

@

CCC ID# **Last Name** **First Name** **MI**

Mailing Address **City** **ST** **Zip Code**

- -

Telephone No. (include area code) **Email Address**

☐ I am classified as an Independent Student by the FAFSA. (Include spouse's information if married)

☐ I am classified as a Dependent Student by the FAFSA.
Parental information is required.

Please answer all of the following questions:

Did you (the student) earn income in 2015, from work?	☐ Yes	☐ No	
Did your spouse earn income in 2015, from work?	☐ Yes	☐ No	☐ N/A
Did your parent(s) earn income in 2015, from work?	☐ Yes	☐ No	☐ N/A
Did you (the student) receive an IRS W-2 form for working in 2015?	☐ Yes	☐ No	
Did your spouse receive an IRS W-2 form for working in 2015?	☐ Yes	☐ No	☐ N/A
Did your parent(s) receive an IRS W-2 form for working in 2015?	☐ Yes	☐ No	☐ N/A
Were you (the student) required to file an IRS federal tax return in 2015?	☐ Yes	☐ No	
Was your spouse required to file an IRS federal tax return in 2015?	☐ Yes	☐ No	☐ N/A
Were your parent(s) required to file an IRS federal tax return in 2015?	☐ Yes	☐ No	☐ N/A

Did you or your spouse or your parent(s) receive benefits from any of the following programs in 2015?

Combat pay?	☐ Yes	☐ No
Financial aid and/or scholarships?	☐ Yes	☐ No
SNAP (Food Stamps)?	☐ Yes	☐ No
Social Security Benefits?	☐ Yes	☐ No
Supplemental Security Income (SSI)?	☐ Yes	☐ No
Veterans Educational Benefits?	☐ Yes	☐ No
Welfare (including TANF)?	☐ Yes	☐ No
WIA Educational benefits?	☐ Yes	☐ No

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CCC ID#	**Last Name**	**First Name**	**MI**

Complete the following chart. Do not leave any field blank or it will be returned.

Student (& Spouse, if married)	Verification of 2015 Income	Parent(s)
	Other income **Student** received from working (babysitting, yard work, etc.) in 2015	
$	Name of Employer/Source of Income:_____	
$	Name of Employer/Source of Income:_____	
$	Name of Employer/Source of Income:_____	
	Other income **Parent** received from working (babysitting, yard work, etc.) in 2015	
	Name of Employer/Source of Income:_____	$
	Name of Employer/Source of Income:_____	$
	Name of Employer/Source of Income:_____	$
$	Total amount of bills other people have paid for you in 2015 (utilities, rent, electric, phone, groceries, etc.)	
$	Money you received from family and/or friends in 2015.	
$	Withdrawals you made from your savings, checking, retirement plans, in 2015	
$	**Payments to tax-deferred pension and retirement savings in 2015:** List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.	$
$	**Child support received in 2015:** List the actual amount of any child support received in 2015 for the children in your household. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.	$
$	**Housing, food, and living allowances paid to members of the military, clergy received in 2015:** Include cash payments and/or the cash value of benefits received. Do not include the value of on-base military housing or the value of a basic military allowance for housing.	$
$	**Veteran's non-education benefits received in 2015**: Such as Disability, Death, Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	$
$	**Other untaxed income received in 2015:** Such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Do not include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	$

I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges.

Student signature _____ Date _____

Spouse/Parent signature _____ Date _____
(If dependent, parent signature is required)