



# 2016-2017 Household Resources Form (V6)

**This form cannot be faxed.** Return this form to the address below.

Labette Community College  
 Financial Aid  
 200 South 14<sup>th</sup> · Parsons, KS 67357  
 (620) 421-6700

Your FAFSA was selected for a review process called **"VERIFICATION."** Return this form with documents attached, if required. If you do not complete the verification process, you forfeit federal student aid eligibility, including student loans. Aid will not disburse if verification is not complete.

Student's Name	Social Security Number or Student ID
Other Names Used (Including Maiden)	Student's Date of Birth
Permanent Mailing Address	City/State/ Zip
High School Graduation Date/GED Completion Date	Permanent Phone Number
	Local Phone Number

Have you attended any other college/University? \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, Please complete the table below. You must provide an official transcript for each institution.

College	Major or Degree	Degree Received	From	Dates To	# of Credits Earned

## Household Listing (attach a separate page if necessary)

**If you are a Dependent Student:** (Parental data was required on the FAFSA)

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents other children if the parents will provide more than half of the children's support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards even if a child does not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2017.

**If you are an Independent Student:** (Students without parental data required on the FAFSA.)

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time <small>July 1, 2016 through June 30, 2017</small>
<i>Missy Jones (example)</i>	18	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		Self	Labette Community College	

**Student Income Verification****If you or your spouse were required to File a Federal Tax Return, Check the box that applies:**

- The student/Spouse (if Married) has used the IRS DRT in *FAFSA on the Web* to transfer 2015 IRS income tax return information into the student's FAFSA.
- The student/Spouse (if Married) has not yet used the IRS DRT in *FAFSA on the Web*, but will use the tool to transfer 2015 IRS income tax return information into the student's FAFSA once the 2015 IRS income tax return has been filed.
- The student/Spouse (if Married) is unable or chooses not to use the IRS DRT in *FAFSA on the Web*, and instead will provide the school with a **2015 IRS Tax Return Transcript(s)**.  
 A **2015 IRS Tax Return Transcript** may be obtained through:  
Online Request - Go to [www.irs.gov](http://www.irs.gov), under the Tools heading on the IRS homepage, click "Get a Tax Transcript by Mail." Click "Get Transcript by MAIL." Make sure to request the "IRS Tax Return Transcript" and **NOT** the "IRS Tax Account Transcript."  
Telephone Request - 1-800-908-9946  
Paper Request Form - IRS Form 4506T-EZ or IRS Form 4506-T

**If you were not required to file a Federal Tax Return, Check the box that applies:**

- The student and/or spouse (if Married) were not employed and had no income earned from work in 2015.
- The student and/or spouse (if Married) were employed in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is provided. [Provide copies of all 2015 IRS W-2 forms issued to the student and/or spouse by their employers]. List every employer even if the employer did not issue an IRS W-2 form.

Employer's Name	Annual Amount Earned in 2015	IRS W-2 Provided?
<i>ABC's Auto Body Shop (example)</i>	<i>\$4,500.00</i>	<i>Yes</i>
Total Amount of Income Earned From Work	\$	

**Note: We may require you to provide documentation from the IRS that indicates a 2015 IRS income tax return was not filed with the IRS.****Parent Income Verification (Dependent Students Only)****If your Parent(s) were required to File a Federal Tax Return, Check the box that applies:**

- The parents have used the IRS DRT in *FAFSA on the Web* to transfer 2015 IRS income tax return information into the student's FAFSA.
- The parents have not yet used the IRS DRT in *FAFSA on the Web*, but will use the tool to transfer 2015 IRS income tax return information into the student's FAFSA once the 2015 IRS income tax return has been filed.
- The parents are unable or choose not to use the IRS DRT in *FAFSA on the Web*, and instead will provide the school with **2015 IRS Tax Return Transcript(s)**.  
 A **2015 IRS Tax Return Transcript** may be obtained through:  
Online Request - Go to [www.irs.gov](http://www.irs.gov), under the Tools heading on the IRS homepage, click "Get a Tax Transcript by Mail." Click "Get Transcript by MAIL." Make sure to request the "IRS Tax Return Transcript" and **NOT** the "IRS Tax Account Transcript."  
Telephone Request - 1-800-908-9946  
Paper Request Form - IRS Form 4506T-EZ or IRS Form 4506-T

**If your Parent(s) were not required to file a Federal Tax Return, Check the box that applies:**

- Neither parent was employed, and neither had income earned from work in 2014.
- One or both parents were employed in 2014 and have listed below the names of all employers, the amount earned from each employer in 2014, and whether an IRS W-2 form is provided.  
 Provide copies of all 2014 IRS W-2 forms issued to the parents by their employers. List every employer even if the employer did not issue an IRS W-2 form.

Employer's Name	Annual Amount Earned in 2015	IRS W-2 Provided?
<i>ABC's Auto Body Shop (example)</i>	<i>\$4,500.00</i>	<i>Yes</i>
Total Amount of Income Earned From Work	\$	

**Note: We may require you to provide documentation from the IRS that indicates a 2015 IRS income tax return was not filed with the IRS.**

## Other Untaxed Income

- A. \_\_\_\_ Yes \_\_\_\_ No. Did you or anyone in your household make payments to tax-deferred pension and retirement savings (Direct or Withheld from earnings)? **(If Yes, complete Table A)**
- B. \_\_\_\_ Yes \_\_\_\_ No. Did you or anyone in your household receive Child Support? **(If Yes, complete Table B)**
- C. \_\_\_\_ Yes \_\_\_\_ No. Did anyone in your household receive housing, food and other living allowance, because they are a member of the military, clergy and others? **(If yes, complete Table C)**
- D. \_\_\_\_ Yes \_\_\_\_ No. Did anyone in your household receive Veteran non-educational benefits? **(If Yes, complete Table D)**
- E. \_\_\_\_ Yes \_\_\_\_ No. Did anyone in your household receive other untaxed income not reported and excluded elsewhere on this form. Include: Workers' Compensation, Disability, Black Lung Benefits, Untaxed portions of Health Savings Accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc? **(If Yes complete Table E)**
- F. \_\_\_\_ Yes \_\_\_\_ No. Did anyone in your household have money received or paid on the student's behalf? **(If Yes, complete Table F)**

### Additional Information:

Provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and includes such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received in 2015
Total Amount of Financial Support Received		\$

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

**Table A.** 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.

Name of Person Who Made the Payment	Annual Amount Paid in 2015
Total Payments to Tax-Deferred Pension and Retirement Savings	
\$	

**Table B.** 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.

Name of Adult Who Received the Support	Name of Child for Whom Support was Received	Annual Amount of Child Support Received in 2015
Total Amount of Child Support Received		\$

**Other Untaxed Income (Continued)**

**Table C. Housing, food, and other living allowances paid to members of the military, clergy, and others.** 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.

Name of Recipient	Type of Benefit Received	Annual Amount of Benefits Received in 2015
Total Amount of Benefits Received		\$

**Table D.** List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veterans educational benefits such as: Post-9/11 GI Bill,

Name of Recipient	Type of Veteran Non-education Benefit	Annual Amount of Benefits Received in 2015
Total Amount of Benefits Received		\$

**Table E.** List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **Do not include** any items reported or excluded in A – D above. In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security Benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing

Name of Recipient	Type of Other Untaxed Income	Annual Amount of Other Untaxed Income Received in 2015
Total Amount of Other Untaxed Income Received		\$

**Table F.** List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student's 2016–2017 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the**

Purpose: e.g., Cash, Rent, Books	Source	Annual Amount Received in 2015
Total Amount Received		\$

## Child Support Paid

**Did you, your spouse (if married) or your parent(s) (if dependent) pay child support during the year 2015?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If you, your spouse (if Married) or Parent(s) (if dependent), who is a member of the student's household, paid child support in 2015, provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2015
Total Amount of Child Support Paid			\$

Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such as:

- A signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

## SNAP Verification

Did any member of your household receive Supplemental Nutrition Assistance Program or SNAP (Formerly known as the Food Stamp Program) anytime during 2014 or 2015?

No

Yes- Indicate all household members who received Food Benefits:

\_\_\_\_\_

\_\_\_\_\_

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

## CERTIFICATION STATEMENT

By signing below you certify that:

- If you withdraw from class or reduce your course load, you must notify the Financial Aid Office. You also understand that your aid may be REDUCED OR CANCELED and you may be responsible for repaying any federal funds which you received before withdrawing from courses.
- I understand that my aid will be disbursed based on my certified enrollment status and may be different from my award letter. Withdraws or hours enrolled in at the time the award letter was written will not be considered to determine final aid disbursement.
- You understand and will use any federal funds received under the Title IV financial aid programs or Federal Student Loans this award year solely for expenses related to your attendance at Labette Community College.
- You understand to be eligible for and to receive Federal Student Aid, you must be in a degree-seeking program at Labette Community College and only coursework directly applicable to your declared major at LCC is eligible for Federal Student Aid.
- I have read and will comply with the information included in the LCC Student Rights and Responsibilities.

## PAYMENT AUTHORIZATION

I hereby authorize Labette Community College to transfer funds from my financial aid award to pay for charges on my student account for my cost of education (i.e. tuition, fees, bookstore charges, or other authorized expenses).

**Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.**

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature  
(Dependent Students Only)

\_\_\_\_\_  
Date