



UNIVERSITY OF ALASKA FAIRBANKS
 FINANCIAL AID OFFICE
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 FAIRBANKS, AK 99775-6360
 (907) 474-7256 or 1-888-474-7256
 Fax Number: (907) 474-7065
 uaf-financialaid@alaska.edu

FA VF
 16-17

HOUSEHOLD RESOURCES WORKSHEET

Name

Student ID

Email

Phone

FINANCIAL INFORMATION

Use the chart below to enter annual amounts for calendar year 2015.

If none, enter \$0. **DO NOT LEAVE BLANKS**

STUDENT

PARENT(S)

\$	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 forms in Boxes 12a through 12d, codes D, E, F, G, H and S.	\$
\$	Child support received for all children. Don't include foster care or adoption payments.	\$
\$	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing (BAH).	\$
\$	Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income not reported, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, 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.	\$
\$	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$

ADDITIONAL INFORMATION

Please provide information about any other resources, benefits, and other funds 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 include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

Name of recipient	Type of income	Dollar mount received in 2015

CERTIFICATION:

By signing this form, we certify that all the information reported is complete and accurate. (If student is dependent, one parent must sign.)

STUDENT SIGNATURE

DATE

PARENT SIGNATURE (of dependent student)

DATE