

FBRD

**Federal Benefits Received Form
2017-2018**

Purpose of Form

Generally, the Federal Benefits Received Form is requested because you reported on the Free Application for Federal Student Aid (FAFSA) and/or CSS PROFILE that you or someone in your household received one or more of the following federal programs at any time during the 2015 and/or 2016 calendar year: Medicaid or Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), Free or Reduced Price School Lunch, Temporary Assistance for Needy Families (TANF), and Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

General Instructions

On the first table below, please review each federal program and check either yes if you received the benefit, or no if you did not. On the second table, list the name of the person in your or your parent(s)' household who received benefits in 2015 and/or 2016. Only individuals who are included in your or your parent(s)' household on the FAFSA, CSS PROFILE or UVA Household Size Form may be listed on this form.

Student Financial Services may request third-party documentation to confirm the information you report on your Federal Benefits Received Form. Should you or a parent submit a form with incorrect information, you must also submit third-party documentation to confirm the correct information. Adjustments to a financial aid award as a result of submitting documentation to correct a Federal Benefits Received Form are neither guaranteed nor immediate.

Please note that if we have reason to believe that the information regarding the receipt of federal benefits is inaccurate, we may require documentation from the agency that issued the federal benefits in 2015 or 2016.

Forms received without the appropriate signature(s) or with missing information or missing pages are considered incomplete and must be resubmitted. This will delay the evaluation of your financial aid eligibility and the awarding of your financial aid.

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2017-2018

Student's University ID: - or SIS ID:

Student's Full Name: _____
(LEGAL NAME - PRINT) first middle last

| Federal benefits received in either 2015 or 2016 | Yes | No |
|---|--------------------------|--------------------------|
| Medicaid or Supplemental Security Income (SSI) *Please note this is not the same as Social Security. | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> | <input type="checkbox"/> |
| Free or Reduced Price School Lunch | <input type="checkbox"/> | <input type="checkbox"/> |
| Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | <input type="checkbox"/> | <input type="checkbox"/> |

| Name of family member who received federal benefits | Relationship to student | List all benefits received by this person |
|---|-------------------------|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

CERTIFICATION STATEMENT: I certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both and my financial aid may be terminated. The student and one parent whose information was reported on the FAFSA must sign and date this form.

STUDENT SIGNATURE _____

Date _____

PARENT SIGNATURE _____

Date _____

(Required for dependent students only)