

HHSP

**Household Support Form
2016-2017**

Purpose of Form

Generally, the Household Support Form is requested because you reported that you are not married but reside with your former spouse; or because you or your parent is not married but living with another person. This form will be used to determine the contribution that each person makes to the household. Please complete this form using information derived from the **2015 calendar year**.

Please note that if your biological or adoptive parents are unmarried (including separated, divorced or never married) and living together, then they are treated as married for financial aid purposes, according to federal regulation. As a result, income and assets for both parents must be reported if they are living together, regardless of their marital status.

General Instructions

At the top of Column A, write the name of yourself (if you are independent), or your parent. For all fields in Column A, report values for the person you listed at the top. At the top of Column B, write the name of the other individual who may be providing support. For all fields in Column B, report values for the person you listed at the top.

SECTION 1: MONTHLY INCOME AND SUPPORT

In this section, report amounts of income and support received in 2015. When reporting income, be sure to report all sources of income including those from foreign sources. If income was not received each month of the 2015 calendar year, you should calculate and report the 12 month average. For example, if a lump sum payment of \$6,000 was received in January, the 12 month average would equal \$500.

$\$6,000$ (lump sum payment) divided by 12 (months) = $\$500$ (12 month average)

SECTION 2: MONTHLY EXPENSES

In this section, report the cost of each expense. If expenses are shared, report the contribution each person makes towards the expenses in his/her respective column. For example, if the person in Column B pays for a vehicle used only by him/her, do not report a monthly payment for the vehicle, as this is not a shared expense. However, if the person in Column B helps to pay for a vehicle used by the student's parent, the student or other members of the household, the payments made by the person in Column B should be reported.

You should also calculate and report the 12 month average for expenses that were not incurred each month of the 2015 calendar year. For example, if you made six monthly payments of \$500, you would list the expense as \$250 per month for the entire year.

HHSP

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General Instructions (continued)

EXAMPLE

	Column A: Name	Column B: Name
TYPICAL MONTHLY EXPENSES IN 2015	<u>John Smith</u>	<u>Martha Patterson</u>
Primary housing	\$350	\$650
Primary housing real estate tax	n/a	n/a
Utilities (electric, gas, internet/cable, phones, water)	\$75	\$75
Insurance payments (health, life)	\$100	\$40

In the example above, the shared housing expense totals \$1,000. However, the individuals split the expense unevenly, with the parent assuming \$350 per month, and Martha assuming \$650 per month. John and Martha share the \$150 utility bills evenly, each paying \$75 per month.

If you wish to include a written statement to explain your family's financial circumstances, submit your signed statement with this form.

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

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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Student's University ID: - or SIS ID:

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

Report Monthly Values for Calendar Year 2015 Only

SECTION 1: MONTHLY INCOME AND SUPPORT

	Column A: Name	Column B: Name
TYPICAL GROSS MONTHLY INCOME IN 2015	_____	_____
Gross wages and salaries from work		
Interest and dividend income		
Social Security and/or Disability		
Alimony and/or Spousal support received		
Child support received for all children in the household		
Pension and/or IRA distributions		
Withdrawals from business used to meet household or personal expenses, if self-employed. Do not include amounts already reported as monthly wages.		
Veterans' non-education benefits		
Monthly cash assistance from family and friends, including outside the U.S.		
Cash received or any money paid on your behalf. This includes expenses paid on a parent's behalf, such as a mortgage, insurance, car payments, etc.		
Other income, such as worker's compensation, disability, housing allowance for military, clergy or others (list sources): _____		
TOTAL MONTHLY INCOME IN 2015	\$	\$

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Student's University ID: - or SIS ID:

Report Monthly Values for Calendar Year 2015 Only

SECTION 2: MONTHLY EXPENSES

	Column A: Name	Column B: Name
TYPICAL MONTHLY EXPENSES IN 2015		
HOUSING EXPENSES		
Primary housing		
Primary housing real estate tax		
Secondary property		
Secondary property real estate tax		
Home equity loan (not included above)		
Homeowner's/Renter's insurance		
Utilities (electric, gas, internet/cable, phones, water)		
TRANSPORTATION EXPENSES		
Car payments		
Vehicle 1: make and year		
Vehicle 2: make and year		
Vehicle 3: make and year		
Transportation costs (bus, train, fuel)		
Car insurance for all vehicles		
Car maintenance for all vehicles		

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Student's University ID: - or SIS ID:

Report Monthly Values for Calendar Year 2015 Only

	Column A: Name	Column B: Name
TYPICAL MONTHLY EXPENSES IN 2015		
LIVING AND PERSONAL EXPENSES		
Food/groceries		
Insurance payments (health, life)		
Child/Dependent care		
Unreimbursed medical/dental expenses (paid out of pocket)		
Medications		
Education expenses (paid out of pocket)		
Household/personal expenses		
Entertainment/leisure/memberships		
Consumer debt (credit cards, other loans)		
Other (list expenses): 		
TOTAL MONTHLY EXPENSES IN 2015	\$	\$

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 if dependent)

OTHER SIGNATURE _____ Date _____
(From Column B)