

FBRD

Federal Benefits Received Form
2021-2022Purpose 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 funding from one or more of the following federal programs at any time during the 2019 and/or 2020 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. If answering “yes,” in the second table list the name of the person in your or your parent(s)’s household who received benefits in 2019 and/or 2020. Only individuals who are included in your or your parent(s)’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 2019 or 2020.

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

Table with 3 columns: Question, Yes, No. Rows include 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).

Table with 3 columns: Name of family member who received federal benefits, Relationship to student, List types and amounts of all federal benefits received by this person. Rows numbered 1 to 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)