

2016-2017 HOUSEHOLD RESOURCES WORKSHEET INDEPENDENT STUDENT

Your 2016-2017 Free Application for Federal Student Aid (FAFSA®) has been selected for the federal verification process. You are required to complete and submit this form to Student Services. Student Services will compare information from your FAFSA with the information on this form and other documentation that you may be required to submit. Student Services may make electronic corrections to your application as a result of the verification process, which may result in changes to your financial aid awards.

A. Student Information

Student Name

Student ID (D#)

B. Family Household Information

Please list the people in your household, including:

- Yourself
- Your spouse (if you are married)
- Your children (if any), if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the children would be required to provide your information if they were completing a FAFSA for 2016/2017. Include children who meet either of these standards, even if they do not live with you.
- Other people, if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

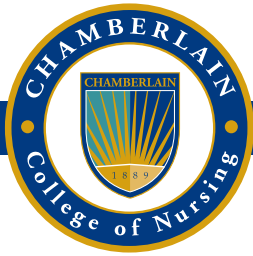
Include the name of the college for any household member who will be enrolled at least half-time in a degree, diploma, or certificate program at a post-secondary educational institution any time between July 1, 2016, and June 30, 2017. If additional space is needed, attach a separate page with the student's name, the student's D# and the requested information.

Full Name	Age	Relationship to Student	Attending College Y/N	College/University
		Self		Chamberlain College of Nursing

C. Supplemental Nutrition Assistance Program Benefits Received

Check the appropriate box below to indicate if any of the members of your household listed above received Supplemental Nutrition Assistance Program (SNAP) benefits during the 2014 and/or 2015 calendar years.

- At least one of the members of my household received Supplemental Nutrition Assistance Program (SNAP) benefits during 2014 and/or 2015.
- No members of my household received Supplemental Nutrition Assistance Program (SNAP) benefits during 2014 and/or 2015.



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Student Name _____

Student ID (D#) _____

D. Child Support Paid

Check the appropriate box below to indicate if either you or your spouse (if married) listed in Section B paid child support during the 2015 calendar year for any child(ren) not listed in the household in Section B:

Neither I nor my spouse paid child support during 2015.

Either I or my spouse did pay child support during 2015.

If either you or your spouse paid child support during the 2015 calendar year, provide:

- The name(s) of the individual(s) who paid the child support
- The name(s) of the individual(s) to whom the child support was paid
- The age(s) of the child(ren) for whom support was paid
- The name(s) of the child(ren) for whom the child support was paid
- The total annual amount of the child support that was paid in 2015 for each child

If additional space is needed, attach a separate page with the student's name, student's D# and the requested information.

Individual Who Paid Child Support	Child for Whom Support Was Paid	Age of Child for Whom Support Was Paid	Individual to Whom Child Support Was Paid	Amount of Child Support Paid in 2015

E. Tax Filing Status

Check the appropriate box below to indicate your and your spouse's (if married) 2015 tax year filing status:

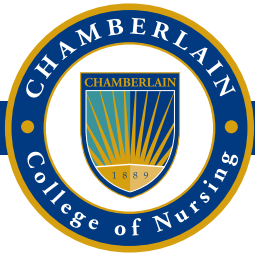
Both I and my spouse are required to file a 2015 federal tax return.

Either I or my spouse did not file and am/is not required to file a 2015 federal tax return.

If you or your spouse (if married) did not file and are/is not required to file a 2015 federal tax return, in the table below, list any income received in 2015 as well as the name of the employer or source of income for each individual that is not required to file a 2015 federal tax return. If you or your spouse did not receive any income in 2015, please list the name of the individual under "Name of Income Earner" and "0" under "Total Amount Earned in 2015" on the appropriate line(s). A copy of the appropriate IRS form documenting the amount of income listed below for each source, such as a W-2 or 1099, must be provided to Student Services along with this form. Each individual who did not file and is not required to file a 2015 Federal Tax Return must provide his/her signature in Section F below. If additional space is needed, attach a separate page with the student's name, the student's D# and the requested information.

Name of Income Earner	Employer(s)/Source(s) of Income	Total Amount Earned in 2015	IRS Form Available (Yes/No)

If the appropriate IRS forms documenting the income received from any of the employers/sources listed above cannot be provided, please provide an explanation below as to why documentation cannot be provided. If additional space is needed, attach a separate page with the student's name, the student's D# and the requested information.



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F. Untaxed Income

Please list the total amounts of untaxed income you and your spouse received during 2015 from the sources listed below. If you or your spouse did not receive any income in 2015 from a source listed below, please list "0" on the appropriate line(s). Do not leave the line(s) blank.

Income Source	Total Income Received in 2015
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 any of your children. Do not include foster care or adoption payments.	
Housing, food and other living allowances received as members of the military, clergy and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing.	
Veterans' non-education benefits received, such as Disability, Death Pension, or 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®, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits	
Other untaxed income not reported above, such as worker's compensation, disability, etc. Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels. Do not include any items reported or excluded above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) 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, not reported above or on your FAFSA.	

G. Certification Statement

Please read the certification statement below and provide the required student signature. If the student's spouse listed in Section B did not file and is not required to file a 2015 Federal Income Tax Return as listed in Section E, a signature from the student's spouse is also required.

I/We hereby certify that all information provided on this verification form is true and correct to the best of my/our knowledge. I/We understand this information will be used to verify the data submitted on the Free Application for Federal Student Aid (FAFSA). I/We realize the eligibility for financial aid for the student indicated above is not finalized until all requested documents have been received and reviewed by Student Services.

Student Signature _____

Date _____

Spouse Signature _____

Date _____