

2016-2017

V6 Independent Household Resources

V6

Please complete in black ink only

A. Student Information

P# _____
 PTC ID _____ Last Name _____ First Name _____ M.I. _____

B. Family Information

STEP 1: List yourself, your spouse (if married), your children and anyone who lives with you that you will provide more than half of their support from between July 1, 2016 and June 30, 2017. *(If more space is needed, attach a separate page with the student's name and P# at the top. Any fields left unanswered will result in the delay of verification.)*

****The number in household listed must match the number reported on your FAFSA****

STEP 2: Write the name of the college for any household member listed who will be enrolled at least half time (6 or more hours) between July 1, 2016 and June 30, 2017.

****The number in college listed must match the number reported on your FAFSA****

STEP 3: SNAP Benefits (formerly known as food stamps)

Check the corresponding box if person listed in your household below received SNAP benefits any time during the 2014 or 2015 calendar years.

STEP 1			STEP 2		STEP 3	
Full Name	Age	Relationship	College	SNAP Received		
		Self	Piedmont Technical College			

C. Student and/or Spouse Income Information

Check ONE that applies:

- ☐ Attaching a copy of your signed 2015 IRS Tax Return (1040, 1040A, 1040EZ) and all W2s
- ☐ Attaching copy of your 2015 IRS tax return transcript and all W2s (**Request a copy at <http://www.irs.gov/Individuals/Get-Transcript>**)
- ☐ Used IRS Data Retrieval Tool on the FAFSA to transfer your 2015 IRS income information. *(No longer available).* Attaching all W2s.
- ☐ Will not file and are not required to file a 2015 U.S. Income Tax Return.

NON-FILERS Section:

1. List any income received in 2015.

Attach copies of all 2015 IRS W-2 forms issued to you and/or your spouse by employers.

Source of Income or Employer's Name	2015 Amount
	\$
	\$

2. Check all that apply:

- ☐ A friend or relative allowed my family to live with them rent free.
- ☐ I received Federal Assistance in 2015. (i.e. TANF, HUD, SSI, Medicaid/Medicare, etc.).

2016-2017

V6 Independent Household Resources

V6

****Please complete in black ink only****

E. Student and/or Spouse Child Support Paid

If you and/or your spouse paid child support in 2015, complete this section:

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
			\$
			\$
			\$

F. Other Untaxed Income

Both tax filers and non-tax filers must list any unearned and untaxed income received in 2015.

WRITE IN ZEROS IF NO FUNDS WERE RECEIVED, DO NOT LEAVE BLANK.

Student &/or Spouse	2015 UNTAXED INCOME
\$	Payments to tax-deferred pension and retirement savings plans(e.g., 401(k) or 403(b) plans), including amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H and S.
\$	Any child support received for children in your household. Do not 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).
\$	Veteran's non-education benefits, such as Disability, Death Pension, Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.
\$	Any other untaxed income and benefits not reported elsewhere, such as workers' compensation, disability, Railroad Retirement Benefits, Black Lung Benefits, etc. Do not include: student aid, SSI, untaxed Social Security benefits, earned income credit, welfare payments, combat pay, WIA benefits or benefits from flexible spending arrangements.
\$	Cash received or paid on your behalf, not reported elsewhere on this form.

G. Certification and Signature

I hereby declare that all information reported on this document is true, complete and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

****Electronic signatures will not be accepted****

Student's Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

****Please Note: Beginning in the 2016-2017 Academic Year, the Department of Education may require additional documentation from students prior to the completion of verification. If additional documentation is needed, you will be notified via an email and your Pathway account will update with a new requirement****

PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING.