

## 2016-2017 Household Resources Worksheet

Your FAFSA was selected for review in a process called “Verification.” Because your FAFSA was selected for Verification, St. John’s College must collect information about your family’s household resources. Your financial aid application cannot be processed until all requested information is received. Failure to complete the verification process in a timely matter may result in the loss of financial aid eligibility. This review must be conducted under the financial aid program rules (34 CFR, Part 668).

Student Name: \_\_\_\_\_ SJC ID or SSN: \_\_\_\_\_

Parent Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SECTION 1: PARENT(S) RESOURCES**

Did your parent(s) receive free housing, utilities, transportation, or other living expenses from a friend, relative, or someone with whom they have a relationship?

Yes     No

**SECTION 2: PARENT(S) EXPENSES**

List all of your parent(s) expenses for the 2015 calendar year. Items with an asterisk **cannot** be zeroes or blank. For all other items, if the expense does not apply to your parent(s), please enter “0.”

*Housing            \$_____ Monthly            \$_____ Yearly (rent or mortgage)	Did your parent(s) pay for this expense? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  If No, who paid for this expense? _____
*Utilities            \$_____ Monthly            \$_____ Yearly (electricity, gas, water)	Did your parent(s) pay for this expense? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  If No, who paid for this expense? _____
*Transportation    \$_____ Monthly            \$_____ Yearly (car loan, gas, insurance, public transportation, other)	Did your parent(s) pay for this expense? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  If No, who paid for this expense? _____
Miscellaneous        \$_____ Monthly            \$_____ Yearly (phone, cable, Internet, clothing)	Did your parent(s) pay for this expense? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  If No, who paid for this expense? _____

**SECTION 3: STUDENT RESOURCES**

Did you receive free housing, utilities, transportation, or other living expenses from a friend, relative, or someone with whom you have a relationship?

Yes     No

**SECTION 4: STUDENT EXPENSES**

List all of your expenses for the 2015 calendar year. Items with an asterisk **cannot** be zeroes or blank. For all other items, if the expense does not apply to your parent(s), please enter "0."

*Housing            \$_____ Monthly            \$_____ Yearly (rent or mortgage)	Did you pay for this expense? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  If No, who paid for this expense? _____
*Utilities            \$_____ Monthly            \$_____ Yearly (electricity, gas, water)	Did you pay for this expense? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  If No, who paid for this expense? _____
*Transportation    \$_____ Monthly            \$_____ Yearly (car loan, gas, insurance, public transportation, other)	Did you pay for this expense? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  If No, who paid for this expense? _____
Miscellaneous        \$_____ Monthly            \$_____ Yearly (phone, cable, Internet, clothing)	Did you pay for this expense? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  If No, who paid for this expense? _____

**SECTION 5: PRINT AND SIGN THIS WORKSHEET**

By signing this worksheet, I (we) certify that all of the information provided above, to the best of my knowledge, accurately describes my living situation. If I am a dependent student at least one parent must sign this form. I understand that if I purposely give false or misleading information on this worksheet, I may be fined, be sentenced to jail, or both.

Student	Date	Parent (dependent students only)	Date
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Please return this form to:

St. John's College  
 Financial Aid Office  
 60 College Ave  
 Annapolis, MD 21401  
 Annapolis.FinancialAid@sjc.edu  
 (410) 626-2885 (fax)

St. John's College  
 Financial Aid Office  
 1160 Camino Cruz Blanca  
 Santa Fe, NM 87505  
 SantaFe.FinancialAid@sjc.edu  
 (505) 984-6164 (fax)