Student: _____________________________________   ID # _____________

PLEASE READ CAREFULLY!
Complete the requested information
ONLY IF THE STATEMENT BELOW APPLYES TO YOU.

2016-2017 Dependent Non-Traditional Household**
A Traditional Household includes: Student and siblings (born after January 1, 1992) and Parents.
** A non-traditional household consists of the student, his/her parents, and siblings (born before January 1, 1992), foster child/children, grandparents, niece, nephew, uncle, cousin, etc. listed in Section B of your Verification Worksheet.**

Additional Information Request Form

According to our records, your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for a process called “Verification”. Based on data reported in the FAMILY INFORMATION section (“B”) of your Verification Worksheet, you/your parent(s) listed a “non-traditional” person(s) as part of the household. In order to determine your financial aid eligibility, we need additional information to complete the verification process.

Please complete, along with your parent(s), the income/expense worksheet. Information must be provided to our office about the persons in the household, including the non-traditional individual(s) whom your parent(s) are supporting. Also, documentation must be provided as evidence of any source of income from work and/or income from any outside agency, such as: 1099 Statement, W-2s, TANF, Social Security Benefits, etc. received in year 2015. Documentation can include, but are not limited to, 2015 Federal Tax Transcript, W-2s, Form 1099 (SSI), Eligibility Letter/Statement, etc.
INCOME/EXPENSE WORKSHEET

Please complete, along with your parent(s), the worksheet below to confirm that your parent(s) is/are providing and will continue to provide more than half the support, from July 1, 2016 through June 30, 2017, for the individuals listed in the FAMILY INFORMATION section “B” of the attached 2016-2017 Verification Worksheet.

<table>
<thead>
<tr>
<th>YOU, THE STUDENT</th>
<th>STUDENT'S PARENT(S)</th>
<th>NON-TRADITIONAL (NT) PERSON(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If any do not apply, enter N/A</strong></td>
<td><strong>If any do not apply, enter N/A</strong></td>
<td><strong>If any do not apply, enter N/A</strong></td>
</tr>
<tr>
<td>MONTHLY INCOME</td>
<td>MONTHLY INCOME</td>
<td>MONTHLY INCOME</td>
</tr>
<tr>
<td>$___________</td>
<td>$___________</td>
<td>$___________</td>
</tr>
</tbody>
</table>

**EXPENSES**

Please list below the amount of monthly expenses paid by the student:

<table>
<thead>
<tr>
<th>RENT/MORTGAGE PAYMENTS</th>
<th>UTILITIES</th>
<th>FOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>$_________/monthly</td>
<td>$_________/monthly</td>
<td>$_________/monthly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AUTOMOBILE</th>
<th>AUTOMOBILE INSURANCE</th>
<th>MEDICAL/DENTAL</th>
<th>MEDICAL INSURANCE</th>
<th>CHILD CARE</th>
<th>MISCELLANEOUS / OTHER</th>
<th>TOTAL MONTHLY EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>$_________/monthly</td>
<td>$_________/monthly</td>
<td>$_________/monthly</td>
<td>$_________/monthly</td>
<td>$_________/monthly</td>
<td>$_________/monthly</td>
<td>$_________/monthly</td>
</tr>
</tbody>
</table>

**By signing this worksheet, we certify that all the information reported on it is complete and correct.**

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

STUDENT'S NAME: ___________________________ STUDENT’S ID: ___________________________

PRINT PARENT’S NAME: ___________________________

PARENT’S SIGNATURE: ___________________________ DATE: ___________________________

*Person(s) living in your household considered as non-traditional (above 18 years of age) must complete the certification section below:*

**NON-TRADITIONAL CERTIFICATION SECTION**

Student, list person who provides the support for you: …

I. ___________________________ _________ attest that ______________________________________ provides more than half of my support and will continue providing more than half of my support from July 1, 2016 through June 30, 2017.

Non-Traditional Household Person’s Printed Name and Signature: ___________________________ Date: ___________________________

Support Provider’s Printed Name and Signature: ___________________________ Date: ___________________________

If there is more than one non-traditional person in the household, please attach a separate sheet with the additional certification(s).