

PEPPERDINE UNIVERSITY
Graziadio School of Business and Management

2016–2017 V6 Household Resources Verification Worksheet Dependent Student

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Section 1 - Dependent Student's Information

Student's Last Name	First Name	Campus Wide ID (CWID)
Student's Street Address (include apt. no.)		Student's Date of Birth
City State Zip Code		Student's Email Address
Student's Home Phone Number (include area code)		Student's Cell Phone Number

Section 2 - Dependent Student's Family Information

List the people in your parents' household. Include:

- Yourself.
- Your parent(s) (including a stepparent) even if you don't live with the parents.
- Your parents' other children, even if they don't live with your parent(s), if
 - your parents will provide more than half of their support from July 1, 2016, through June 30, 2017,
 - the children would be required to provide parental information when completing a FAFSA for 2016-2017.
- Other people, **if** they now live with your parents **and** your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

For any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017, include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>	<i>Pepperdine University</i>	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Section 3 - Receipt of SNAP Benefits

Did you, your parents, or anyone in your parents' household receive Supplemental Nutrition Assistance Program (SNAP) benefits sometime during 2014 or 2015? SNAP may be known by another name in some states.

- Yes
- No

If answered "Yes" list the name of the person who received SNAP benefits _____

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

Section 4 - Child Support Paid

Did you or one of the parents included in your parents' household paid child support in 2015?

- Yes
- No

If yes, please, provide the following information:

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

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
Total Amount of Child Support Paid			\$

Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such as:

- *A signed statement from the individual receiving the child support certifying the amount of child support received; or*
- *Copies of the child support payment checks or money order receipts, or similar records of electronic payments having been made.*

Section 5 – Child Support Received

List the actual amount of any child support received in 2015 for the children in your parents' household.

Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2015
Total Amount of Child Support Received		\$

Section 6 – Verification of Other Untaxed Income for 2015

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

To determine the correct annual amount for each item: *If you paid or e received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you received that amount. If you did not receive the same amount each month in 2015, add together the amounts you received each month during 2015.*

Student's Name: _____ CWID _____

Name of Person Who had Untaxed Income	Type of Untaxed Income	Student Annual Amount for 2015	Parent Annual Amount for 2015
	Payments to tax-deferred pension and retirement savings. List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.		
	Housing, food, and other living allowances paid to members of the military, clergy, and others. Include cash payments and/or the cash value of benefits received. Do not include the value of on-base military housing or the value of a basic military allowance for housing.		
	Veterans non-education benefits. List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, 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. List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. Do not include any items reported or excluded in A – D 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 Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or a military housing allowance, 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 the student's behalf. List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was <u>not</u> reported on the student's 2016–2017 FAFSA, but <u>do not include</u> support from a parent whose information was reported. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan <u>owned by someone other than the student or the student's parents</u> , such as grandparents, aunts, and uncles of the student.		N/A
	Additional information: provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans education benefits, military housing, SNAP, TANF, etc.		
	Total Amount of Benefits	\$	\$

Section 7 - Signatures Required

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

Print Student's Name

Campus Wide ID (CWID)

Student's Signature (Required)

Date

Parent's Signature (Required)

Date

Send completed and signed document to gbsmfinancialaid@pepperdine.edu or submit via fax to (310) 568-2364