



EDGEWOOD COLLEGE

FINANCIAL AID OFFICE

Phone 608.663.4300 • Fax 608.663.3495 • ecentral@edgewood.edu

2017-2018 Independent Household Worksheet

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Last Name: _____ First Name: _____ M.I.: _____ Edgewood ID#: _____

Phone Number (include area code): _____ Email: _____

Your financial aid is considered an estimate and will not be applied to your student account until verification has been completed.

A. Family Information

List the people in your household, please include:

- Yourself
- Your spouse (if applicable)
- Your children, if you will provide more than half of their support from July 1, 2017 through June 30, 2018
- Any other people if they live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018

Full Name	Age	Relationship	College Name (for any household member attending at least half-time between 7/1/17 and 6/30/18, and will be enrolled in a degree, diploma, or certificate program)
Example: Martha Jones	20	Spouse	Edgewood College
		Self	

If additional space is needed, please attach a separate page that includes your name and Edgewood ID# on the top.

B. Supplemental Nutrition Assistance Program Verification

- No one listed in Section A received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) during the 2015 or 2016 calendar years.
- One of the persons listed in Section A received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) during the 2015 or 2016 calendar years. If asked by the school, I will provide documentation of the receipt of SNAP benefits during 2015 and/or 2016.

C. Child Support Verification

- Neither I, nor my spouse (if applicable) who is listed in section A **paid** child support in 2015.
- Either I, or my spouse (if applicable) who is listed in Section A **paid** child support in 2015. If asked by the school, I will provide documentation of the payment of child support.

Complete the information below

If you need more space, attach a separate page that includes your name and Edgewood ID# 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
Marty Jones	Chris Smith (example)	Terry Jones	\$6,000.00

D. STUDENT/SPOUSE (if applicable) Untaxed Income Information

Untaxed Income	Student and Spouse (if applicable) Combined amount in 2015
Payments to tax-deferred pension and retirement 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. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17.	
Child support received for any of your children. Don't include foster care or adoption payments.	
Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.	
Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	
Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	
Veteran's noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	
Other untaxed income not reported in items 45a through 45h, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Don't include extended foster care benefits, 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 (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.	

E. Sign This Worksheet

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

_____ Date _____
Student's Signature

Verification Deadlines:
For the Pell Grant only, verification materials must be submitted no later than 120 days after the last date of attendance. For all other programs, our office must receive verification materials no later than one week prior to the last date of attendance.