

Household Resources Form

1617 HHRES

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OFFICE OF FINANCIAL AID

You reported little or no income for 2015 on your FAFSA for you, your spouse, and/or your parent(s) (if dependent). Please provide information for your household resources below and on the reverse. Please enter yearly amounts for all that apply. A column is provided for the student, spouse, and parent(s).

Student Name Student II			
2015 Additional Financial Information	Student	Spouse	Parent(s)
a. Wages earned (include W2 or 1099). Include all wages earned, even if no W2 was provided.			
b. Unemployment Benefits.			
c. Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040-line 50 or 1040A-line 33.			
d. Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household or your parents' household.			
e. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.			
f. Taxable student grant and scholarship aid reported to the IRS in your (or your parents') adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.			
g. Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. Don't include untaxed combat pay.			
h. Earnings from work under cooperative education program offered by a college.			
TOTAL FOR 2015			

2015 Untaxed Income	Student	Spouse	Parent(s)
a. 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).			
b. IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040-line 28 + line 32 or 1040A-line 17.			
c. Child support received for all children. Don't include foster care or adoption payments.			
d. Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b.			
e. 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.			
f. Untaxed portions of pensions from IRS Form 1040-line (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.			
g. Housing, food and other living allowances paid to members of the military, clergy, and others (don't include value of on-base military housing or value of a basic military allowance for housing.)			
h. Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.			
i. Other untaxed income not reported in items 45a through 45h, such as worker's compensation, disability, etc. Also, include 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.			
j. Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form. (A worksheet is on the back of this form to calculate this amount.)			
TOTAL FOR 2015			

ren tha	ou (or your parent(s)) did not file taxes for 2015, please provide t, utilities, etc.). If you or your spouse received other resources t below (eg. Veteran Education benefits, military housing, SNAF federal financial aid eligibility. Please enter yearly amounts for	, benefits, or other untaxed income that w P, TANF, etc.). Failure to complete and su	as not reported on the	FAFSA, ple	ease indicate
D: 1		EXPENSE	S for year Non-file	d	
Did you or anyone in your household receive the following benefits during 2015? (Check all which may apply)			Cost per Month	# of Months	Yearly Total
	Supplemental Security Income (SSI) \$ Recipient Name:	Rent / Mortgage	\$		\$
_	Free or Reduced Price Lunch Supplemental Nutrition Assistance Program (SNAP-formally known as Food Stamps)	Food	\$		\$
		Utilities (water, electric, phone, etc.)	\$		\$
П		Clothing	\$		\$
	Temporary Assistance for Needy Families (TANF)	Medical / Dental	\$		\$
	Special Supplemental Nutrition Program for Women,	Car Payments	\$		\$
	Infants and Children (WIC)	Gas, oil, Car Maintenance	\$		\$
		Cash	\$		\$
		Other Expenses	\$		\$
		TOTAL EXPENSES	\$		\$
If s	ou show NO income, how did you meet your living expenses for the year you did not file?	d relationship on the line provided and list	the value amounts in t	the table ab	ove.
Stu	nature and Certification signing this form, I am certifying the above information is compl dent Signature	ete and accurate.	Date		
Pai	ent Signature (Required of dependent students)		Date		

Student ID: _

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