



RETURN TO: FINANCIAL AID OFFICE P. O. BOX 17065 1400 J. R. LYNCH STREET JACKSON, MS 39217-0165 OFFICE: 601-979-2227 • FAX: 601-979-2237 EMAIL: <a href="mailto:finaid@jsums.edu">finaid@jsums.edu</a>
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## 2016-2017 INDEPENDENT HOUSEHOLD RESOURCES GROUP (V6) FORM

		<b>J</b>
(Student's Last Name)	(Student's First Name)	(Student's J-Number)

### A. Instructions

Clearly print and complete **ALL** information. Do not leave items blank; enter "0" or "N/A" if items are not applicable. **If more space is needed for any of the following sections, provide a separate sheet that includes the information. Include student's name and J-Number at the top of each sheet.**

### B. Student's Household and College Information

List below the people in the student's household; include: (1) the student; (2) the student's spouse if married; (3) the student's children/step-children and the student or spouse provides more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2017 and (4) other people if they now live with the student and the student or spouse provides more than half their support through June 30, 2017 and will continue between July 1, 2016 through June 30, 2017; and (5) include any household member who is, or 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. (Attach separate sheet if needed.)

Full Name	Age	Relationship To Student	College	Will Be Enrolled At Least Half-Time (Yes Or No)
		SELF	JACKSON STATE UNIVERSITY	YES

### C. Supplemental Nutrition Assistance Program (SNAP)

Did the student or any member of the student's household listed in Section B receive benefits from the Supplemental Nutrition Assistance Program (SNAP) during the calendar year 2014 or 2015?  
 (Check Yes or No): \_\_\_\_ Yes, list name: \_\_\_\_\_; \_\_\_\_ No, (continue to Section D)

### D. Child Support Paid

Did the student or a member of the student's household pay child support due to a "Court Mandated" requirement in 2015? (Check Yes or No, \_\_\_\_ Yes or \_\_\_\_ No.) If "Yes", complete the table below. If No, write "0" in the table below for amount paid and continue to Section E.

Name Of Person Who Paid Child Support	Name Of Person To Whom Child Support Was Paid	Name Of Child For Whom Support Was Paid	Age Of Child	Annual Amount Of Child Support Paid In 2015
				\$
Total Amount Of Child Support Paid				\$

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**E. Verification of 2015 Income Information for Student Tax Filers**

**TAX RETURN FILERS:** Complete this section if the student and spouse, if married, filed or will file a 2015 IRS income tax return. Notify the Financial Aid Office if your marital status changed after December 31, 2015.

Check the box that applies:

- ☐ The student has used the IRS DRT in FAFSA on the Web to transfer their 2015 IRS income tax return information into the student's FAFSA.
- ☐ The student has not yet used the IRS DRT in FAFSA on the Web, but will use the tool to transfer their 2015 IRS income tax return information into the student's FAFSA once the 2015 IRS income tax return has been filed.
- ☐ The student is unable or chooses not to use the IRS DRT in FAFSA on the Web, and instead will provide the school their 2015 IRS Tax Return Transcript(s).

If the student and spouse, if married, FILED SEPARATE 2015 IRS income tax returns, a 2015 IRS Tax Return Transcript must be provided for both the student and the spouse.

- ☐ Check here if a 2015 IRS Tax Return Transcript(s) is provided.
- ☐ Check here if a 2015 IRS Tax Return Transcript(s) will be provided later.

You must use your and your spouse's, if married, 2015 Federal Tax Return to complete the items below (enter "0" if no funds received).

Untaxed Assistance Received	Student and Spouse	Amount Received in 2015
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.	Student	\$
	Spouse	\$
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.	Student	\$
	Spouse	\$
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.	Student	\$
	Spouse	\$
Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.	Student	\$
	Spouse	\$
Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040—line 50 or 1040A—line 33.	Student	\$
	Spouse	\$

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**F. Verification of 2015 Income Information for Student Non-Tax Filers**

**NON-TAX RETURN FILERS:** Complete this section if the student and spouse, if married, will not file and are not required to file a 2015 income tax return with the IRS.

Check the box that applies:

- ☐ The student was not employed and had no income earned from work in 2015.
- ☐ The spouse was not employed and had no income earned from work in 2015.

The student and spouse, if married, were employed in 2015 but were not required to file a 2015 federal tax return: (1) list below the names of all employers, (2) the amount of income earned from each employer; and (3) indicate whether the IRS W-2 form(s) are attached.

**NOTE:** List every employer even if the employer did not issue a W-2 form. Copies of all 2015 IRS W-2 forms issued to the student and spouse must be submitted to the Financial Aid Office.

Employer's Name	Annual Amount Earned in 2015	IRS W-2 Form Attached? (Yes or No)
JSU Financial Aid Office (example)	\$ 4,500.00	Yes
Total Amount of Income Earned From Work	\$	

**G. 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.

Name Of Person Who Made The Payment	Annual Amount Paid In 2015
	\$
Total Payments To Tax-Deferred Pension And Retirement Savings	

**H. Child Support Received**

List the actual amount of any child support received in 2015 for the children in your 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 The Child For Whom Support Was Received	Annual Amount Of Child Support Received In 2015
		\$
Total Amount Of Child Support Received		\$

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**I. Housing, Food, 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.

Name of Recipient	Type of Benefit Received	Annual Amount of Benefits Received in 2015
		\$
Total Amount of Benefits Received		\$

**J. Veterans Non-Educational 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.

Name Of Recipient	Type Of Veterans Non-Educational Benefit	Annual Amount Of Veterans Benefits Received In 2015
		\$
Total Amount Of Benefits Received		\$

**K. Other Untaxed Income**

- 1) List the amount of other untaxed income not reported nor listed elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, 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 included in A – D above. In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovative 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.

Name Of Recipient	Type Of Other Untaxed Income	Annual Amount Of Other Untaxed Income Received In 2015
		\$
Total Amount of Other Untaxed Income		\$

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- 2) Provide information about any other resources, benefits, and other assistance received by the student and any member 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.

Name Of Recipient	Type Of Financial Support	Annual Amount Of Financial Support Received In 2015
		\$
Total Amount Of Financial Support Received		\$

Comments:

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#### L. 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 not reported on the student's 2016–2017 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student's parent whose information is reported on the student's 2016–2017 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose: E.G., Cash, Rent, Books	Annual Amount Received In 2015	Source
	\$	
Total Amount Received	\$	

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### M. Certification

Each person signing this worksheet certifies that all of the information reported on it is correct and complete.

**WARNING:** If an individual purposely give false or misleading information on this worksheet, he/she may be fined, be sentenced to jail, or both.

_____	_____
(Student's Contact Phone Number)	(Student's E-Mail Address)

\_\_\_\_\_  
(Student's Street Address - Include Apt. Number)

_____	_____	_____
(City)	(State)	(Zip Code)

_____	_____
(Student's Date of Birth)	(Student's Social Security Number)

_____	_____	_____
(Print Student's Spouse Name - Optional)	(Student's Spouse Signature - Optional)	(Date)

_____	_____
(Student's Signature)	(Date)