

2023 – 2024 Verification of Other Household Resources (for 2021)

Student's Last Name	First		Student's Identification (ID) Number
Student's Street Address (include apt. no.)		Student's Phone Number	
City		Zip Code	
-	apply, enter "N/A" for Not A DO NOT LEAVE SECTIONS B		onse is requested, or enter 0 in an area where an amount
	EQUIRED to provide parenta ne student's parent(s) whose		FSA , answer each question on this worksheet as it applies AFSA.
	OT REQUIRED to provide par at (and the student's spouse,		he FAFSA, answer each question on this worksheet as it mation is on the FAFSA.
multiply that amoun		in 2021 you paid or rec	received the same dollar amount every month in 2021, eived it. If you did not pay or receive the same amount
		ou para or received eac	n montn.
	ded in any section, provide a		e student's name and ID number at the top.
f more space is need A. Payments to List any pay	o tax-deferred pension and i ments (direct or withheld fr s), including, but not limited	a separate page with the retirement savings om earnings) to tax-de	
A. Payments to List any pay 403(b) plans G, H, and S.	o tax-deferred pension and i ments (direct or withheld fr s), including, but not limited	retirement savings om earnings) to tax-de to, amounts reported o	e student's name and ID number at the top. ferred pension and retirement savings plans (e.g. 401(k) or
A. Payments to List any pay 403(b) plans G, H, and S.	o tax-deferred pension and in the contract or withheld from s), including, but not limited	retirement savings om earnings) to tax-de to, amounts reported o	e student's name and ID number at the top. ferred pension and retirement savings plans (e.g. 401(k) or on W-2 forms in Boxes 12a through 12d with codes D, E, F,
A. Payments to List any pay 403(b) plans G, H, and S.	o tax-deferred pension and in the contract or withheld from s), including, but not limited	retirement savings om earnings) to tax-de to, amounts reported o	e student's name and ID number at the top. ferred pension and retirement savings plans (e.g. 401(k) or on W-2 forms in Boxes 12a through 12d with codes D, E, F,
A. Payments to List any pay 403(b) plans G, H, and S. Name of P	o tax-deferred pension and a ments (direct or withheld from s), including, but not limited derivative mercan who Made the Paymont Received and amount of any child suppose	retirement savings om earnings) to tax-de to, amounts reported of	e student's name and ID number at the top. ferred pension and retirement savings plans (e.g. 401(k) or on W-2 forms in Boxes 12a through 12d with codes D, E, F,

2023 - 2024 Verification of Other Household Resources (for 2021) (continued) Student's Last Name First Student's Identification (ID) Number C. 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 or of a basic military allowance for housing. Name of Recipient Type of Benefit Received Amount of Benefit Received in 2021

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2021		

D. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2021.

- 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: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2021		

E. 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, untaxed alimony, disability, Black Lung Benefits, untaxed portions of health—savings accounts from IRS Form **1040 Schedule 1 Line 13**, Railroad Retirement Benefits, etc.
- **DO NOT INCLUDE:** any items reported or excluded in sections A D., student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, 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	ome Amount of Other Untaxed Income Received in 202		

F. 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 worksheet. Enter the total amount of cash support the student received in 2021.

- **INCLUDE:** support from a parent whose information was NOT reported on the student's 2023-2024 FAFSA, but DO NOT INCLUDE support from a parent whose information WAS reported on the FAFSA. 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 FAFSA.

2023	- 2024 Verificat	on of Other Ho	usehold Resources (for 2021) (continu	ed)		
Student	's Last Name	First		_ Student's lo	dentificatio	n (ID) Number	
F.	(continued) Money received or paid on the student's behalf						
	- 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., Ca	sh, Rent, Books	Amount Received in 2	021	So	ource	
G.	resources, benefits, a include items that we	nderstand the studen and other amounts rec are note required to be	t's family's financial situation eived by the student and any e reported on the FAFSA or of leral veterans education bend	members of the stud ther applications/for	dent's hous ms submitte	ehold. This may ed to the Office of	
	Name of F	Recipient	Type of Financial Supp			of Financial ceived in 2021	
	If none of the above	sections apply, please	e write a statement on how	the household is sup	pported bel	ow.	
Each pe			ormation reported is comple reported on the FAFSA (if ap		nd date.	WARNING: If you purposely give false or misleading	
Student's Name (print) and Signature		Date	you may fined, be		information you may be fined, be sentenced to		
Parent's	Name (print) and Sig	nature	Date			jail, or both	

Please return this form to:
Fairfield University - Office of Financial Aid
Mail: 1073 North Benson Road Fairfield, CT 06824

Email: <u>finaid@fairfield.edu</u> Fax: 203-254-4008 *OFFICE USE: LWIN24*(10/24/22)