



PO Box 17202
 Trenton, NJ 08690
 Federal School Code: 002641

Office Hours
 9am-7pm, Mon-Thur
 Email: finaid@mccc.edu
 FAX: (609) 570-3888
www.mccc.edu/mymercer

2015-2016 HOUSEHOLD RESOURCES

INSTRUCTIONS

1. Your application was selected for a review in a process called "Verification". Verification is a process governed by Federal and/or State regulations and is used to ensure that the information applicants report on the Free Application for Federal Student Aid (FAFSA) is accurate. In this process, MCCC will compare information from your 2015-16 FAFSA with this form, if applicable, copies of 2014 U.S. Federal Tax Return Transcripts, or with W-2 forms or other financial documents. Information retrieved using the Internal Revenue (IRS) Data Retrieval Process and not subsequently changed, is considered acceptable documentation for IRS-related information, and your Federal Tax Transcript will not be required.
2. Report the ACTUAL monthly dollar amount **paid in 2014** by you and/or your parents (if applicable) for each expense. You may use average figures if expenses vary from month to month.
3. If you enter "zeros" in all fields or there are incomplete responses, the form will not be reviewed.
4. Attach documentation of resources. Examples include: W-2 forms, 1099 forms, statements, and letters from social service agencies.

A. Student Information

Last Name	First name	M.I.	Social Security Number	Colleague ID
Address (include apt. no.)			Date of birth	
City	State	Zip Code	Phone number (include area code)	

B. FAMILY/HOUSEHOLD INFORMATION (Please check one of the boxes below).

- Dependent Student:** List the people in your parents' household. Include yourself, your parent(s) (including stepparent) even if you don't live with your parents, and other children if (a) your parents will provide more than half of their support between July 1, 2015 and June 30, 2016, or (b) if the children would be required to provide parental information when applying for Federal Student Aid. Include also, any other people who now live with your parent(s) and for whom your parent(s) will provide more than half of their support between July 1, 2015 and June 30, 2016.
- Independent Student:** List the people in your household. Include yourself, your spouse (if married), and children if (a) you will provide more than half of their support between July 1, 2015 and June 30, 2016. Include also, any other people who now live with you and for whom you will provide more than half of their support between July 1, 2015 and June 30, 2016.

Full Name	Age	Relationship	College
Missy Jones (example)	18	Sister	Central University
		Self	

C. STUDENT'S (AND SPOUSE'S, IF MARRIED) INCOME

- I used the IRS Data Retrieval Tool to transfer my/our 2014 income information to the FAFSA and made no further changes to the information.
- I did not (or could not) transfer my 2014 income information to the FAFSA using the IRS Data Retrieval Tool. I have attached a copy of my **2014 IRS Tax Return Transcript**.
- I did not and am not required to file a 2014 Federal Income Tax Return. [Attach your **Forms W-2 or 1099** from all sources of earned income. Please list sources and amounts of any earned income received in 2014 for which there is no Form W-2 or Form 1099.]

Employer Name/Source of Untaxed Income	2014 Amount Earned

D. PARENT'S INCOME (IF DEPENDENT)

- I used the IRS Data Retrieval Tool to transfer my/our 2014 income information to the FAFSA and made no further changes to the information.
- I did not (or could not) transfer my 2014 income information to the FAFSA using the IRS Data Retrieval Tool. I have attached a copy of my **2014 IRS Tax Return Transcript**.
- I did not and am not required to file a 2014 Federal Income Tax Return. [Attach your **Forms W-2 or 1099** from all sources of earned income. Please list sources and amounts of any earned income received in 2014 for which there is no Form W-2 or Form 1099.]

Employer Name/Source of Untaxed Income	2014 Amount Earned

E. SNAP BENEFITS (FOOD STAMPS) VERIFICATION

In 2013 or 2014, did you or any member of your parent's household receive **food stamp (SNAP)** benefits? Y N

F. CHILD SUPPORT PAID

LEGAL NAME OF WHO PAID CHILD SUPPORT (non-custodial parent)	LEGAL NAME AND ADDRESS OF INDIVIDUAL WHO RECEIVED CHILD SUPPORT (custodial parent)	LEGAL NAME AND ADDRESS OF CHILD FOR WHOM SUPPORT WAS PAID	ANNUAL AMOUNT PAID PER CHILD IN
			\$
			\$
			\$

G. UNTAXED INCOME

Enter the dollar amount of all untaxed income received in 2014, if there is no dollar amount to enter please put a \$0

RESOURCES	Student/Spouse	Parent
Payments to tax-deferred pension and savings plan (paid directly or withheld from earnings) including, but not limited to, amounts reported on the W-2 in box 12a through 12d codes D,E,F, G,H and S	\$	\$
List the actual amount of any child support received in 2014 for the children in your household.– DO NOT include Foster Care payments	\$	\$
Housing, food or other allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)	\$	\$
Veteran's non-education benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work Study allowances	\$	\$
List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as unemployment, workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.	\$	\$
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 2014.	\$	\$
Total Monthly Resources	\$	\$

H. SUPPORT CERTIFICATION

Complete this section if your total family income and/or resources is less than **\$11,000**. Please explain how you or your parents (if dependent) met their monthly expenses (low income housing, SNAP (food stamps), cash aid, social security benefits, etc.).

I. Certification

Each person signing this form certifies that all information reported on it is complete and correct. If married, spouse's signature is optional.

_____ Date
Student

_____ Date
Parent/Spouse

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