



BOISE STATE UNIVERSITY

Financial Aid and Scholarships
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Parent(s) - Income and Resources 2019-2020

PLEASE USE BLACK INK

Student Name: _____ **Student ID #** _____
(Print or type) Last name First name

Please list below the income used to support yourself and your family during the 2017 calendar year. If you received housing, food, utilities, etc., free of charge from someone, please estimate the value of this in-kind support, enter the amount, and indicate who provided it. For example, if you lived with a relative for free, please note the monthly mortgage, who paid it, and how many people lived in the home.

SECTION A: Sources of Income for 2017		
Name of person who earned this income	Employer	Total amount earned in 2017

SECTION B: Sources of other income received in 2017		
Please indicate "Yes" or "No" for each box below. Do not leave any question without a "yes" or "no" as we cannot assume it did or did not apply to your family.	YES/NO; If yes, include who received it	Total Amount Received in 2017
Did you or anyone in your family receive housing, food, or other living allowances paid to members of the military, clergy, or others in 2017? Example: Living in the dorms on a college campus for free as a Resident Assistant in 2017 would be reported here.		
Did you or anyone in your family receive veteran's non-educational benefits in 2017? Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational work-study allowances. Do not include benefits such as Montgomery GI Bill, Dependent Education Assistance Program (VEAP), Post-9/11 GI Bill.		
Did you or anyone in your family receive child support in 2017? Include child support received for children included in your household. Do not include foster care payments, adoption payments, or any amount that was court-ordered, but not actually paid. It is encouraged that you complete and submit the 2019-2020 Child Support Verification form (https://financialaid.boisestate.edu/forms/) with this form to avoid delays as it may be requested.		
Did you or anyone in your family receive money or have expenses paid on their behalf in 2017? Include support from a parent whose information was not reported on the student's 2019-2020 FAFSA. Do not include any support from a parent whose information was reported on the 2019-2020 FAFSA.		

Continue to the next page.

Student Name and ID#: _____

SECTION C: Sources of untaxed income received in 2017		
List other types of resources or benefits not reported elsewhere on this form. Disclose workers' compensation, SSI, disability, Railroad Retirement Benefits, TANF, etc. Include the untaxed portions of health savings accounts from IRS Form 1040, line 25. Although we will not change your FAFSA to include any amounts that are not required to be reported, it helps to understand how your household was sustained in 2017.		
Name of recipient	Type of untaxed income	Total amount received in 2017

SECTION D: Household Expenses in 2017				
Please complete every box. If a section does not apply to you, please indicate "N/A"				
Expenses from 2017	Monthly Amount	Whose name is on this bill and/or responsible?	Source of Payment (Parent, child support, SSI, partner, etc. If more than one source, notate the amount provided by each.)	Number of People Covered by Payment
Rent or Mortgage	\$			
Food	\$			
Utilities (electricity, heat, telephone, trash)	\$			
Cable/Internet	\$			
Medical Expenses	\$			
Transportation (car payment, gas, etc.)	\$			
Clothing & Diapers	\$			
Daycare	\$			
Miscellaneous expenses not previously reported	\$			

If the income provided in sections A, B, and C for 2017 do not support the expenses listed in section D for 2017, please provide a statement below that explains the discrepancy, as well as any notes that will help us to understand how your household was financially supported in 2017. If you need additional space, please attach an additional page.

By signing this document, I certify that the information reported is complete and correct. If I purposely give false or misleading information, I may be fined, sentenced to jail, or both. If there is reason to believe that the information in this document is inaccurate, we may ask you for additional information.

_____	_____	_____
Student Signature (Please print this form to sign)	Phone Number	Date
_____	_____	_____
Parent Signature	Phone Number	Date