



Date: _____ Student ID: _____
 Last Name: _____ First Name: _____
 Phone Number: _____ Email Address: _____
 Address: _____
 City, State, ZIP: _____ Date of Birth: ____/____/____

PART I: HOUSEHOLD INFORMATION: List the people in your household. You must include:

- Yourself.
- Your spouse, if married and living together.
- Your children, if you will provide more than 50% of their support from July 1, 2018 through June 30, 2019.
- Other people if they now live with and you provide more than 50% of their support and will continue to provide more than 50% of their support from July 1, 2018 through June 30, 2019. Proof of support may be required.

Full Name	Age	Relationship to student	Student supports more than 50%	Name of College enrolled at least half time for 2018-2019
1.		Self	N/A	UMass Lowell
2.		Spouse (if applicable)	N/A	
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach a separate page, if necessary.

PART II: INCOME TAX RETURN FILERS: Use the IRS Data Retrieval Tool (DRT) on the FAFSA to update your 2016 tax information. If you cannot use the DRT, request a 2016 IRS Tax Transcript at www.irs.gov/individuals/get-transcript and submit a copy to our office.

	STUDENT	SPOUSE
Did you or will you file a 2016 federal income tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



PART III: TAX RETURN NON-FILERS: Complete this section only if, you or your spouse **will not file** or **are not required** to file a 2016 federal tax return.

Non-filers must submit to our office all W-2 form(s), 1099 form(s) and request a 2016 Verification of Non-Filing Letter from the IRS at www.irs.gov/individuals/get-transcript.

	STUDENT	SPOUSE
Were you employed and/or earned income from work in 2016?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List all employer names and the amount earned from each employer in 2016, even if employer did not issue an IRS W-2 form.		
Employer's Name:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

PART IV: UNTAXED INCOME: Complete the box below; enter zero (0) or N/A if not applicable

	STUDENT	SPOUSE
Child Support RECEIVED in 2016	\$ _____	\$ _____
Housing/food/living allowances paid to members of the military, clergy, etc.	\$ _____	\$ _____
Money received or any bills in your name <i>paid by someone else</i> in 2016	\$ _____	\$ _____
Veteran's Non-Education Benefits, such as disability, death pension, DIC	\$ _____	\$ _____
Workman's Compensation	\$ _____	\$ _____
Other untaxed income (specify source): _____	\$ _____	\$ _____

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

Student Signature

Date

Spouse Signature (if married)

Date