



Georgia Tech ID									
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Office of Scholarships and Financial Aid

2018-2019 Household Resources Form

Student's Last Name	First Name	MI

Please complete the worksheet so that we may more fully understand your family's financial situation. This may/should include items that were not required to be reported on the 2018-2019 FAFSA or other forms submitted to the Office of Scholarships & Financial Aid.

Please report the annual amount(s) received from each source listed below. Please be sure to complete the page in its entirety. If the answer is \$0 or not applicable, please report the information below accordingly.

Student/Spouse	Annual Amount(s) Received in 2016	Parent(s)
\$	Social Security Benefits	\$
\$	Welfare Benefits (AFDC/ADC or TANF)	\$
\$	Food Stamps/SNAP/WIC	\$
\$	Veteran's Benefits	\$
\$	Unemployment Compensation	\$
\$	Disability Benefits	\$
\$	Military Housing Allowance	\$
\$	Other Untaxed Income (Specify)	\$

Please provide any additional comments.

I certify that all information provided is accurate and true to the best of my knowledge.

Student's Signature _____

Date _____

Parent's Signature _____
(Required for a dependent student)

Date _____