

2026-2027**Household Resource Worksheet****Financial Aid Services**

The income reported on your 2026-27 FAFSA appears insufficient to support the number of people reported in your household. Complete the table below to report your monthly benefits and/or untaxed income.

Student Information

Student ID Number

Last Name

First Name

M.I.

Street Address

City

State

Zip

Home Phone

Cell Phone

If you are a **DEPENDENT** student, complete this form using your parent(s') income information
If you are an **INDEPENDENT** student, complete this form using your own (and spouse's) income information.

Do not leave any items blank. If the answer is zero or not applicable, enter \$0.

2026 Monthly Expenses**2026 Monthly Income**

Rent/Mortgage Payments	\$	Wages	\$
Food	\$	Unemployment Benefits	\$
Utilities	\$	Social Security	\$
Medical/Dental	\$	Child Support	\$
Clothing	\$	Pension/Retirement Funds	\$
Auto (car payments, insurance, maintenance)	\$	TANF/food stamps/WIC/AFCD Benefits	\$
Recreation	\$	VA Benefits	\$
Other (list singly)	\$	Other (list singly)	\$
	\$		\$
TOTAL EXPENSES	\$	TOTAL INCOME	\$

If your total expenses exceeded your total income, please explain how your expenses were paid.

Student Name

Student Signature

Date

Parent Name

Parent Signature

Date

Please complete this form, then upload the completed form at umassd.verifymyfafsa.com

Steps for uploading this form:

1. Print and complete this form.
2. After completing, save a copy by creating a scanned image of your completed document or taking a clear digital photo.
3. Upload the scanned image at umassd.verifymyfafsa.com
4. After you have uploaded your document, confirm the image is clear and readable before submitting.
5. You will have the option to delete uploaded files or add more pages if necessary.