



UNIVERSITY OF
ST. FRANCIS
INCOME VERIFICATION FORM
2019-2020

Student's Name _____ USF ID or SSN: _____

To complete your application for financial assistance, additional information is needed. Federal guidelines require verification of the total income reported if it appears insufficient to support your family.

Complete the section below to explain how expenses such as rent, food, utilities, etc. were paid for or who paid them on you or family's behalf. Provide a dollar amount with an explanation below as to how your family managed to live on the total income you reported. Please feel free to contact Financial Aid Services if you have any questions regarding this information.

Specify the amounts below by **MONTH** or **YEAR**: (If an item is zero enter 0 below; do not leave blank.)

Rent \$ _____ Paid by: _____ Food \$ _____ Paid by: _____
 Utilities \$ _____ Paid by: _____ Cash \$ _____ Paid by: _____
 Other \$ _____ Paid by: _____

Please answer the questions below:

1. Do you live in someone else's household *for free* or in federally subsidized housing? Yes No
2. Do you receive food stamps? Yes No
3. Do you receive assistance for medical coverage? Yes No
4. Do you receive any cash support from any other sources (e.g. any type of public assistance) not listed on this form?
 Yes No *If yes, list source and dollar amount received below.*

Source: _____ Amount Paid: \$ _____ Mon Year
 Source: _____ Amount Paid: \$ _____ Mon Year
 Source: _____ Amount Paid: \$ _____ Mon Year

Explanation:

CERTIFICATION STATEMENT

I/We certify that the information provided above is true and correct to the best of my/our knowledge. I/We certify that all forms of income for 2017 have been reported.

Student's Signature

Date

Parent (1) Signature

Date

Spouse's Signature (if applicable)

Date

Parent (2) Signature

Date

Please return the completed form to:

Financial Aid Services

500 Wilcox Street Joliet, IL 60435 | finaid@stfrancis.edu
 (815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822