



UNIVERSITY OF  
**ST. FRANCIS**  
INCOME VERIFICATION FORM  
2022-2023

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:

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**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 2020 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](mailto:finaid@stfrancis.edu)

(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822