

## INCOME VERIFICATION FORM 2024-2025

Student's Name		USF ID or SSN:			
To complete your application of the total in					ederal guidelines require
live on the total income y regarding this information	<b>behalf.</b> Provide a dolou reported. Please fee	llar amount with	h an explanation of Financial Aid	n below as to l Services if yo	now your family managed to but have any questions
Rent \$	Paid by:	Food	\$	Paid by:	
Utilities \$	Paid by:	Cash	\$	Paid by:	
	Paid by:				
Please answer the question	ns below:				
1. Do you live in someone else's household <i>for free</i> or in federally subsidized housing?					
2. Do you receive food stamps? ☐ Yes ☐ No					
3. Do you receive assistance for medical coverage? ☐ Yes ☐ No					
	y cash support from any <i>If yes, list source and</i>			ublic assistance	) not listed on this form?
Source:		Amount Paid: \$		: \$	☐ Mon ☐ Year
Source:		Amount Paid: \$		: \$	☐ Mon ☐ Year
Source:		Amount Paid: \$		: \$	☐ Mon ☐ Year
Explanation:					
	_	ERTIFICATIO			
I/We certify that the information income for 2022 have been		ue and correct to	the best of my/o	ur knowledge.	I/We certify that all forms of
Student's Signature		Date F	Parent Signature		Date
Please return the completed fo	rm 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