Sacred Heart UNIVERSITY
STUDENT FINANCIAL ASSISTANCE

2027-2028 Affirmation of Financial Support

Because you reported little or no income on your FAFSA, we need additional information to better understand how your living expenses are being met. Please explain how you are supporting yourself, including any financial assistance you receive from family, friends, or other sources, as well as how you cover basic expenses such as housing, food, and transportation.

Student's Name (First, Last) _____ SHU Student ID # _____

Street Address _____

City _____ State _____ Zip Code _____ Date of Birth _____

Student's Email Address _____ Student's Primary Phone # _____

B. Student's Parent or Spouse Information

Parent or Spouse Name _____

C. Income in 2025

Table 1: Student and Parent/Spouse Sources of Income in 2025

Source of Income	Student (Annual Amount)	Parent or Spouse (Annual Amount)
Earnings from all jobs	$	$
Unemployment compensation	$	$
Social security benefits	$	$
Pensions and retirements funds	$	$
Worker's compensation	$	$
TANF/Food Stamps/WIC	$	$
Child support received	$	$
Alimony received	$	$
Cash received from or bills paid by others on your behalf	$	$
Military or clergy allowance	$	$
Total	$	$

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Table 2: Living Expenses Incurred from January 1, 2025 – December 31, 2025

Living Expenses Incurred from January 1, 2025 – December 31, 2025	**Student**	**Parent or Spouse**
Food	$	$
Cash	$	$
Utility bills	$	$
Transportation	$	$
Clothing	$	$
Medical	$	$
Other (Specify Source)	$	$
Total	$	$

D. Statement

In addition to the Income and Living Expenses listed in Section II, please provide a statement explaining how you were able to meet your expenses in 2025.

E. Statement and Certification

The student and one parent/spouse must sign and date. Each person signing this worksheet certifies that all of the information reported on it is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both**.**

Student's Signature _____ Date _____

Parent or Spouse's Signature _____ Date _____

(Typed or e-signatures are not acceptable. Please print, and actually sign and date this document.)

This document may be submitted to the Office of Student Financial Assistance ONLY via SHUAwards (Menu > My Documents > Upload it now!), secure fax, mail, or in-person as it contains personally identifiable information.
5151 Park Avenue, Fairfield, CT 06825 203-371-7980*(phone)* 203-365-7608*(secure fax)*