



2024-2025 Income Verification Form

We have reviewed your FAFSA information and you reported that you WILL FILE but reported no income. If you **have filed** your federal tax return, please update your [FAFSA](#) accordingly to negate the need for this form. If you will not be filing your federal tax return because you were not required to do so per [federal guidelines](#) then please complete this form and attach supporting documents for each source of income. Return this completed form to the Office of Student Financial Assistance within **7 business days** to avoid a delay in the awarding/disbursement of your financial aid. This form will be considered incomplete if any item is missing or left blank.

Student Name: _____ **Student ID:** _____

Address: _____ **State:** _____ **Zip:** _____

Cell Number: _____ **Phone Number:** _____

Section I: Student's Parent or Spouse Information

Parent or Spouse Name: _____

Section II: Income in 2022

Table 1: Student and Parent/Spouse Sources of Income in 2022

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	\$	\$



Table 2: Living Expenses Incurred from January 1, 2022 – December 31, 2022

Living Expenses Incurred from January 1, 2023 – December 31, 2023	Student	Parent or Spouse
Food	\$	\$
Cash	\$	\$
Utility bills	\$	\$
Transportation	\$	\$
Clothing	\$	\$
Medical	\$	\$
Other (Specify Source)	\$	\$
Total	\$	\$

Section III: 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 2022.

Section IV: Statement and Certification

The student and one parent/spouse must sign and date. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

Student Signature: _____ Date: _____

Parent OR Spouse 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)**