



2026-2027 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'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 2024

Table 1: Student and Parent/Spouse Sources of Income in 2024

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, 2024 – December 31, 2024

Living Expenses Incurred from January 1, 2024 – December 31, 2024	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 2024.

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)