

**INCOME VERIFICATION FORM**

**2025-2026**

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:

**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 2022 have been reported.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date Parent Signature Date

Please return the completed form 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