



Office of Financial Aid

2701 Spring Street
 Fort Wayne, IN 46808
 Phone: (260) 399-8003 or
 800-729-4732
 FAX: (260)399-8162
 email: finaid@sf.edu
financialaid.sf.edu

2016-2017 Verification of Support Form

Student Name (please print)

Student ID#

Parent(s) Name (please print)

Street Address / PO Box

City

State

Zip Code

E-mail address

Phone Number (include area code)

Purpose:

The purpose of this form is to provide proof of support of dependent(s) for students who demonstrate unusually low income.

Please list expenses for the support of you and your dependent(s) in the chart below.

You must attach copies of receipts to this form or the appeal will be considered incomplete and may be denied.

Yearly Expenses For	2015	Estimated 2016	Who Pays for Expense (Self, parents, significant other, etc.)
Housing / Rent (copy of rental/lease agreement, copy of mortgage payment)	\$	\$	
Utilities (copy of monthly bills)	\$	\$	
Vehicle Expense (car payment, gas, repairs)	\$	\$	
Clothing (recent receipts)	\$	\$	
Personal (diapers, shampoo, soap, etc.)	\$	\$	
Food (recent grocery receipts)	\$	\$	
Medical / Dental (insurance and/or expenses paid)	\$	\$	
Child Care (statement from care provider)	\$	\$	
Other:	\$	\$	
Total Expenses	\$	\$	

*Please list all income received. You must attach copies of the source of income as listed below.
 You must attach copies of receipts to this form or the appeal will be considered incomplete and may be denied.*

Yearly Income For	2015	Estimated 2016	Source of Income (Self, agency, etc.)
Annual Work Income (copy of most recent pay stub)	\$	\$	
Overpayment of Financial Aid Received (copy of billing statement from USF Business Office)	\$	\$	
Food Stamps/WIC/ Child Care Credit (letter stating amount allotted each month)	\$	\$	
TANF/AFDC/ Cash Benefits	\$	\$	
SSI - Untaxed Social Security Income (printout or letter from SS Admin)	\$	\$	
Unemployment / Workman Compensation	\$	\$	
Child Support received (provide documentation and/or divorce decree)	\$	\$	
Parental Support (letter stating amount of monthly support)	\$	\$	
Other:	\$	\$	
Total Income	\$	\$	

Certification:

All the information on this form is true and correct to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I understand that if I do not give proof when asked, I may not be processed for financial aid. I also understand that if I give false or misleading information that will because for denial of financial aid or repayment of financial aid funds received.

Signature

Date