



ST. LAWRENCE UNIVERSITY

RETURN TO:

St. Lawrence University
Office of Financial Aid
23 Romoda Drive
Canton, NY 13617

Phone: (315) 229-5265 or (800) 355-0863

Fax: (315) 229-7418

Link to Upload Form: https://student.stlawu.edu/register/fafsa_verification

2025-2026 Income Verification Worksheet

The income reported for you and/or your parents on your 2025-2026 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please complete this form to clarify how you and/or parents were able to provide for such needs as housing, food and utility bills during 2023.

A. Student Information

Last Name				First Name		
Address				SLU Student ID#		
City						
State		ZIP Code		Phone Number		

B. Dependency Status

<input type="checkbox"/>	Dependent – If your parent was required to submit information on the FAFSA, you must complete this form as a dependent student and provide parental information. Please complete the Student and Parent sections of this form.
<input type="checkbox"/>	Independent – If your parent was not required to submit information on the FAFSA, you are considered an independent student and do not need to provide parental information. Please complete only the Student/Spouse section of this form.

C. Federal Benefits

In 2023, did you, your parents, or anyone in your or your parents' household receive any of the following federal benefits?	
<input type="checkbox"/>	SNAP (formerly known as food stamps) - Supplemental Nutrition Assistance Program
<input type="checkbox"/>	SSI (Supplemental Security Income)
<input type="checkbox"/>	TANF (Temporary Assistance for Needy Families) or WIC (Special Supplemental Nutrition Program for Women, Infants and Children)
<input type="checkbox"/>	Free or Reduced Lunch

D. Income/Resources-Monthly Expenses

2023 Income/Resources - List the amounts of income received in 2023 from the listed resources. Please provide supporting documentation of income. Acceptable documentation includes: W-2 statements, Social Security Administration statements, Employment Security Commission statements, Child Support Enforcement statements and/or a notarized statement from the relative or friend who provided the income.	Student/Spouse	Parent/Stepparents
Income from work (gross amount)		
Unemployment or Disability		
Child Support Received		
Social Security Benefits		
Public Assistance/Subsidized Housing Income		
Veterans Benefits (non-educational)		
Support Received from Relatives/Friends		

2023 Monthly Expenses- Enter monthly amounts spent for 2023. Attach a separate sheet if additional space is needed.	Student/Spouse	Parent/Stepparents
Rent/Mortgage		
Car Payment and insurance		
Groceries/Food		
Utilities (electric, water, sewer, etc.)		
Cell phone/Cable/Internet		
Child Care Expenses		
Medical/Dental/Vision expenses and/or insurance		
Other		

E. Explanation of Situation

Please explain your financial situation. Include detail explaining how you and/or parents covered such expenses as housing, utilities, and food for 2023. Please attach a separate sheet if additional space is needed.

F. Signature

BEFORE SIGNING, PLEASE CHECK FOR ACCURACY AND COMPLETENESS. THERE SHOULD BE NO BLANK OR UNANSWERED QUESTIONS. INCOMPLETE FORMS WILL BE RETURNED AND WILL DELAY PROCESSING OF YOUR FINANCIAL AID.

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

Student Name <i>(please print)</i>		SLU Student ID #	
Student Signature		Date	
Parent Signature <i>(Dependent students only)</i>		Date	