

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

2023-2024 Income Verification Worksheet

The income reported for you and/or your parents on your 2023-2024 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 2021.

A. Student Information

Last Name		First Name			мі	
Address			SLU Student ID#			
City						
State	ZIP Code		Phone N	umber		

B. Dependence Status

 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.

 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 2021, did you, your parents, or anyone in your or your parents' household receive any of the following federal benefits?			
SNAP (formerly known as food stamps) - Supplemental Nutrition Assistance Program			
	SSI (Supplemental Security Income)		
	TANF (Temporary Assistance for Needy Families) or WIC (Special Supplemental Nutrition Program for Women, Infants and Children)		
	Free or Reduced Lunch		

D. Income/Resources-Monthly Expenses

2021 Income/Resources - List the amounts of income received in 2021 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		

2021 Monthly Expenses- Enter monthly amounts spent for 2021. 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 2021. Please attach a separate sheet if additional space is needed.

F. Signature

THERE SHOULD BE NO BLANK OR U FORMS WILL BE RETURNED AND WI FINANCIAL AID.	FOR ACCURACY AND COMPLETENESS. INANSWERED QUESTIONS. INCOMPLETE LL DELAY PROCESSING OF YOUR Information reported on it is complete and correct.
Student Name (please print)	SLU Student ID #
Student Signature	Date
Parent Signature (Dependent students only)	Date