



# 2026-2027 Income Verification Form

**Please read this form carefully and complete all information that applies to you and your family, if applicable.** Failure to complete and return the form will result in a delay in the processing of your financial aid and any aid you may be eligible for will not be applied to your tuition account until this matter is resolved.

The income you listed on your Free Application for Federal Student Aid (FAFSA) is unusually low. When a student or parent completes the FAFSA with no or unusually low income for an entire year, this form must be completed as clarification. The Financial Aid Office reserves the right to request additional information or documentation proving what you list on this form is correct. You may also attach a letter to this form, explaining your situation.

If you are an **INDEPENDENT** student, complete **SECTION I** and **SECTION II**.  
(Independent students are those that were not required to list parental information/income on their FAFSA.)

If you are a **DEPENDENT** student, complete **SECTION I, SECTION II, AND SECTION III**.  
(Dependent students are those that were required to list parental information/income on their FAFSA.)

## SECTION I: LIVING EXPENSES

Each person has everyday expenses related to living and upkeep of a household. Please provide an answer to the items listed below as to the amount of you and your family's **average monthly expenses**. Keep in mind that if you live with someone who is supporting you or your family, you must list the amount this person pays on your behalf for the items listed below. Answering zero to all questions below will not be accepted.

Amount per month

- Housing-Mortgage/Rent: \_\_\_\_\_
- Food: \_\_\_\_\_
- Electric: \_\_\_\_\_
- Heating/Cooling: \_\_\_\_\_
- Water/Sewer/Garbage: \_\_\_\_\_
- Phone service: \_\_\_\_\_
- Cell phone: \_\_\_\_\_
- Internet service: \_\_\_\_\_
- Life, Car, Medical or Home Ins: \_\_\_\_\_
- Car payments: \_\_\_\_\_
- Gasoline/Vehicle repairs: \_\_\_\_\_
- Credit card or other debt payments: \_\_\_\_\_
- Personal: (clothing, health & beauty, entertainment, etc.) \_\_\_\_\_



\*Complete this section based on you and your family's average monthly expenses. If you live with someone who is paying these bills in the home in which you reside, you must list the portion this person pays on your behalf. **For example:** You and your child live with your parent's or a friend. The rent each month is \$400. Three of you live in the apartment. Three divided by \$400 is \$133.34 each. \$133. x 2 (you & your child) is \$266. \$266 was paid on your behalf.

**SECTION II: STUDENT AND SPOUSE’S INCOME**

Please complete the information below regarding you and your spouse’s (if applicable) income for **2024**. If you and your spouse did not work, you must list what other sources of income you had for the year. You will need to include any money paid on your behalf by family or friends. **For example:** *If you lived with a family member or friend, and he/she covered all expenses, you must calculate what portion of the expenses he or she paid on your behalf.* Answering zero or reporting an unusually low income in the items below will not be accepted.

Income earned from work by student:	_____	<b>Do you receive housing assistance?</b>
Income earned from work by spouse:	_____	<b>Yes or No</b>
Social security benefits received by all family members:	_____	
Workmen’s compensation benefits:	_____	
Child support received:	_____	<b>Do you receive food stamps?</b>
Alimony received:	_____	<b>Yes or No</b>
Public Assistance (TANF):	_____	
Money paid on your behalf by family/friends:	_____	
Financial Aid Refund from loans/grants:	_____	

**SECTION III: PARENT’S INCOME**

Please complete the information below regarding your mother and father’s income for **2024**. If your mother/stepmother and/or father/stepfather did not work, you must list what other sources of income they had for the year. You will need to include any money paid on their behalf by family or friends. **For example:** *If you and your parent’s lived with a family member or friend, and he/she covered all expenses, you must calculate what portion of the expenses he/ she paid on you and your family’s behalf.* Answering zero or reporting an unusually low income in the items below will not be accepted.

Income earned from work by mother/stepmother:	_____	<b>Do you receive housing assistance?</b>
Income earned from work by father/stepfather:	_____	<b>Yes or No</b>
Social security benefits received by all family members:	_____	
Workmen’s compensation benefits:	_____	<b>Do you receive food stamps?</b>
Public Assistance (TANF):	_____	<b>Yes or No</b>
Child support received:	_____	
Alimony received:	_____	
Money paid on your behalf by family/friends:	_____	
Financial Aid Refund from loans/grants:	_____	

*By signing this form, I (we) attest that the information is truthful to the best of my (our) knowledge.*

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent /Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed form to:**

Immaculata University, 1145 King Road, Lillian P. Lettiere Center 219, Immaculata, PA 19345  
Office: (610 647-4400) ext. 3028 Fax: (484 395-0068)