



Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)

E sfs-forms@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

2022 - 2023 PARENT INCOME VERIFICATION FORM

STUDENT NAME: _____ SPU ID: _____

You have indicated an unusually low income for your family in 2020. We must verify how your family is able to live on this amount. **Please do not leave any blank spaces; if an answer is zero or does not apply, enter "0". We cannot process your application for financial aid until we receive this completed form.**

Note: FAFSA applicants must submit tax information from **two** years prior—in this case, **2020**.

SECTION ONE: Parents' yearly income and resources for 2020

Amount (in US dollars)

| | |
|---|----------|
| Income earned from work (Provide W2 form or proof of earnings.) | |
| Housing, food, or other living allowances for military, clergy, etc. (including cash payments and cash value of benefits) | |
| Cash received, or any money paid on your behalf, towards living and/or educational expenses. (please specify) | |
| Child support received | |
| Other (please specify) | |
| Total Income <u>2020</u> | A |
| <u>(If total is "0" or negative, please attach a written explanation.)</u> | |

SECTION TWO: Parents' monthly living expenses for 2020

Amount (in US dollars)

| | |
|---|-----------|
| Rent/Mortgage | |
| Utilities (heat, electricity, water, phone, etc.) | |
| Food (do not include SNAP (formally known as Food Stamps)) | |
| Transportation (gas, car insurance, etc.) | |
| Insurance (medical, life, etc.) Please specify type and amount. | |
| Other (please specify: car loan, credit card, and other payments) | |
| Total Monthly Expenses <u>2020</u> | B |
| Total Yearly Expenses (B x 12 = C) | C |
| Total <u>2020</u> Excess Funds or Debt (A – C = D) | D* |

*** If the amount in D is negative, please provide an explanation on the reverse side of this form indicating how you are making payments on the expenses above which are not covered by your income listed on this form. This discrepancy must be clarified before we can proceed with the financial aid process. If you do not provide an explanation, this form will be considered incomplete.**

By signing this verification statement, I attest that all information reported on this form is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.

Parent Signature _____ Date _____ Phone _____ Email _____