



Name (Last, First): _____

SUA ID # _____

Date: _____

Cell Phone #: _____

You must complete all application sections. Do not leave any question or amount response blank. If a question does not apply, write "N/A" (for Not Applicable) where a response is requested, or "0" if an amount is requested. Forms submitted with blanks will be considered incomplete and may delay receipt of financial aid.

SECTION A: Information about your Household Size & Family Members in College

1. List the people in your household. Please include:

- Yourself, and your spouse (if married).
- Your dependent children. List only family members whom you provide more than half of their support, **OR** family members that would be required to provide your information when applying for student aid. Do not include foster children.
- Other members; only if: (a) they live with you, **AND** (b) you provide more than half of their support, **AND** (c) you will continue to provide support to them from July 1, 2017 through June 30, 2018.
- College information for any household member that: (a) will enroll in college at least half-time during the 2017-2018 academic year, **AND** (b) will be enrolled in an undergraduate degree, diploma, or certificate.

Full Name of Household Member*	Relationship to Student	Born on or after January 1, 1994	For family members born on or after January 1, 1994; who will enroll at least half-time in college in 2017-2018**		
			Name of College	Degree	Year in College
	Self	XXXX	Soka University		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

* If your Number of Household Members exceeds the space provided above, please attach another sheet listing the additional members in the household.

** Verification of College Enrollment may be requested at a later date. Please note that we will not consider college enrollment for: (a) parents, (b) foster children, or (c) family members attending a foreign college, military schools, non-financial aid recipient colleges, or those enrolled in graduate/professional schools.

2. If any member of your household (listed above) is not a spouse or your child, please explain how and why your family is financially supporting this person:

SECTION B: Supplemental Information/Programs

1. Dislocated Worker/Displaced Homemaker: As of today, are you or your spouse a “dislocated worker” or “displaced homemaker?” (A person is considered “dislocated” if he/she meets one of the following conditions: (a) has lost his/her job, (b) has been laid off, (c) is receiving unemployment benefits due to layoff, (d) was self-employed, but is now unemployed due to economic conditions or natural disasters.) (*Verification may be requested.*) **Student:** Yes No **Spouse:** Yes No

2. Federal Benefits: Indicate if you or anyone in your household (listed in **Section A**) received benefits from one of the following federal programs in 2015 or 2016: (*Verification may be requested.*)

- Medicaid or Supplemental Security income (SSI)
- Free or Reduced Price School Lunch
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
- Supplemental Nutrition Assistance Program – SNAP (food stamps)

SECTION C: Financial Information

1. Check all applicable boxes below and provide the requested information:

Student’s 2015 Federal Income Tax Information
<p>A) Did you earn any income in 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Student’s total earned income in 2015: \$ _____</p>
<p>B) Did your spouse earn any income in 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Married</p> <p>Spouse’s total earned income in 2015: \$ _____</p>
<p><input type="checkbox"/> Check if student and/or spouse did not, and was not required to, file a 2015 federal tax return.</p> <p>Please provide W-2 forms for all sources of income. For any sources of income for which the student does not have a W-2, please attach a signed statement listing these sources of income, the amounts earned from each source, and an explanation of why you are unable to provide a W-2 form.</p>
<p><input type="checkbox"/> Check if student filed, or will file, a 2015 federal income tax return.</p>
<p><input type="checkbox"/> Check if student filed, or will file, a Puerto Rican or other foreign tax return. Attach the original tax document; along with a signed, translated, notarized copy of the tax document. Convert figures to U.S. dollars.</p>



2. **Complete the sections below.** Include the total amounts from January 1, 2015 through December 31, 2015. If the answer is “zero”, or the question does not apply, enter “\$0.00”. **Do not leave any items blank. Incomplete forms will not be accepted and may delay the student’s award.**

2015 Additional Financial Information			Student	Spouse
			Totals from 1/1/15 to 12/31/15	
Taxable earnings from federal Work-Study, awarded as part of your student financial aid package or other need-based work programs (attach W-2 forms).				
Grant and scholarship amounts included in wages (Line 7 on a 1040/1040a tax return) as “SCH.” This includes AmeriCorps benefits.				
Combat pay or special combat pay included in your IRS 1040 adjusted gross income. Note: Do not include untaxed combat pay.				
Earnings from work under a cooperative education program offered by a college.				
Child support paid because of divorce or separation. Do not include support for members listed in Section A of this form.				
Full Name of Person Who Paid Child Support	Full Name of Child for Whom Support was Paid	Age of Child	Full Name of Person to Whom Support was Paid	

2015 Untaxed Income Information		Student	Spouse
		Totals from 1/1/15 to 12/31/15	
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include amounts reported on the W-2 form in Boxes 12a –12d; Codes D, E, F, G, H, and S. Do not include code DD.			
Child Support received for any of your children. Do not include foster children.			
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing.			
Veteran non-educational benefits, such as disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.			
Money received, or paid, on your behalf (e.g., bills) not reported elsewhere on this form.		XXXXXX	

SECTION D: Asset Information

1. Total balance of cash, savings, and checking accounts:

Student: \$ _____

Spouse: \$ _____

2. Total net worth of investments (includes real estate other than your primary residence, rental property, trust funds, UGMA and UTMA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, installment and land sale contracts, commodities, etc.):

Student: \$ _____

Spouse: \$ _____

3. Total net worth of your business and/or investment farms. (**Do not include** a family farm or business with 100 or fewer full-time employees.):

Student: \$ _____

Spouse: \$ _____

SECTION E: Signatures(s)

By signing this form, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Student Name (print)

Signature

Date

Spouse Name (if married) (print)

Signature

Date

(Please mail or deliver this form in person to the address provided below. Please write your ID# on attached or supporting documents.)