SOKA UNIVERSITY

2017 - 2018
Family Budget Report
Office of Financial Aid (VERIF)

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: Income and Resources

Description of Income and Resources	Monthly	Yearly
Wages for First Parent	$	$
Wages for Second Parent	$	$
Housing Assistance (e.g., HUD)	$	$
Government Assistance (Food Stamps, Social Security, etc.)	$	$
Savings account withdrawals	$	$
Cash support from friends or relatives	$	$
Unemployment Compensation	$	$
Worker's Compensation/Disability Benefits	$	$
Other (specify):	$	$
TOTAL	$	$

SECTION B: In-Kind Support

If friends or relatives provided you with food, allowed you to live with them rent-free, or provided you free transportation; please provide an explanation of those resources:

_____

_____

Please provide an explanation of how you are able to meet all of your household expenses through a combination of income, resources, and/or in-kind support:

_____

_____

SECTION C: Signature(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**
_____	_____	_____
Parent Name (print)	**Signature**	**Date**

Mail, or deliver this form in person, to the address listed below. Write your ID# on any attached, supporting documents.