

OFFICE OF FINANCIAL AID

Name (Last, First): _____ SUA ID #: _____

Date: _____ Cell Phone #: _____

You must complete all 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 Parent(s)' Household Size & Family Members in College

1) List the people in your parent(s)' household. Please include:

- Yourself, and your parent(s) (including stepparent), even if you do not live with your parents.
- Your parent(s)' other dependent children, even if they do not live with your parent(s). List only family members whom your parent(s) provide more than half of their support, OR family members that would be required to provide your parent(s)' information when applying for student aid. Do not include foster children.
- Other members; only if: (a) they live with your parent(s), **AND** (b) your parent(s) provide more than half of their support, **AND** (c) will continue to provide support from July 1, 2019 through June 30, 2020.
- College information for any household member that: (a) will enroll in college at least half-time during the 2019-2020 academic year, **AND** (b) was born on or after January 1, 1996, **AND** (c) will be enrolled in an undergraduate degree, diploma, or certificate.

Full Name of Household Member*	Relationship to Student	Born on or after January 1, 1996	For family members born on or after January 1, 1996; who will enroll at least half-time in college in 2019-2020**		
			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 parent or brother/sister, please explain how and why your family is financially supporting this person:

OFFICE OF FINANCIAL AID

Name (Last, First, MI): _____ SUA ID#: _____

SECTION B: Supplemental Information/Programs

1) Dislocated Worker/Displaced Homemaker: As of today, are either of your parents (listed in **Section A**) a “dislocated worker” or “displaced homemaker?” (Verification may be requested.) **Yes** **No**

(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.)

2) Federal Benefits: Indicate if you, your parent(s)’, or anyone in your parents’ household (listed in **Section A**) received benefits from one of the following federal programs in 2017 or 2018: (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 2017 Federal Income Tax Information
<p>Did you earn any income in 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Student’s total earned income in 2017: \$ _____</p>
<p><input type="checkbox"/> Check if student did not, and was not required to, file a 2017 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 2017 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>

OFFICE OF FINANCIAL AID

Name (Last, First, MI): _____ SUA ID#: _____

Parent(s)' 2017 Federal Income Tax Information	
A First or Second Parent (as reported on your FAFSA) may include the following: father, mother, stepfather, and/or stepmother.	
<p>A) Did your First Parent earn any income in 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>First Parent's total earned income in 2017: \$ _____</p>	
<p>B) Did your Second Parent earn any income in 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Second Parent's total earned income in 2017: \$ _____</p>	
<p><input type="checkbox"/> Check if parent(s) did not, and were not required to, file a 2017 federal tax return.</p> <p>A) Please provide W-2 forms for all sources of income. For any sources of income for which the parent(s) do 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 they are unable to provide a W-2 form.</p> <p>B) If your parent(s) did not file a 2017 tax return, you are required to provide documentation from the IRS, dated after October 1, 2018, that indicates they did not file a 2017 IRS federal income tax return with the IRS. This is typically a "Verification of Non-Filing Letter".</p> <p>A "Verification of Non-Filing Letter" may be requested from the IRS in the following ways:</p> <ul style="list-style-type: none"> • Submitting an online request at: http://www.irs.gov/Individuals/Get-Transcript • Calling (800) 908-9946 • Mailing in an IRS form 4506T-EZ, available at: www.irs.gov/pub/irs-pdf/f4506tez.pdf • Using the IRS2Go mobile app 	
<p><input type="checkbox"/> Check if parent(s) filed, or will file, a 2017 federal income tax return.</p>	
<p><input type="checkbox"/> Check if parent(s) 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>	

OFFICE OF FINANCIAL AID

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2) Complete the sections below. Include the total amounts from January 1, 2017 through December 31, 2017. 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.**

2017 Additional Financial Information			PARENT	STUDENT
			Totals from 1/1/17 - 12/31/17	
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	

2017 Untaxed Income Information			PARENT	STUDENT
			Totals from 1/1/17 - 12/31/17	
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 parents’ 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.				
Other untaxed income not reported in the items above; such as workers’ compensation, disability benefits, etc.				
Money received, or paid, on your behalf (e.g., bills) not reported elsewhere on this form.			XXXXXX	

