

**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 step-parent), 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, 2026 through June 30, 2027.
- College information for any household member that: (a) will enroll in college at least half-time during the 2026-2027 academic year, **AND** (b) was born on or after January 1, 2003, **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, 2003	For family members born on or after January 1, 2003; who will enroll at least half-time in college in 2026-2027**		
			Name of College	Degree (BS, MA, etc.)	Year in College (1, 2, 3, or 4)
	<b>Yourself</b>	<b>N/A</b>	<b>Soka University</b>		
		<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:**

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**SECTION B: Supplemental Information/Programs**

**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 2024 or 2025: *(Verification may be requested.)*

- Earned Income Credit (EIC)
- Federal Housing Assistance
- Free or Reduced-Price School Lunch
- Medicaid
- Refundable Credit for Coverage Under a Qualified Health Plan (QHP)
- Supplemental Nutrition Assistance Program – SNAP (food stamps)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)

**SECTION C: Financial Information**

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

Student's 2024 Federal Income Tax Information
Did you earn any income in 2024? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Student's total earned income in 2024: \$ _____
<input type="checkbox"/> Check if student did not, and was not required to, file a 2024 federal tax return. <b>Please provide W-2 forms for all sources of income.</b> 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.
<input type="checkbox"/> Check if student filed, or will file, a 2024 federal income tax return.
<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.

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**Parent(s)' 2024 Federal Income Tax Information**

A First or Second Parent (as reported on your FAFSA) may include the following: father, mother, stepfather, and/or stepmother.

A) Did your **First Parent** earn any income in 2024?  Yes  No

First Parent's total earned income in 2024: \$ \_\_\_\_\_

B) Did your **Second Parent** earn any income in 2024?  Yes  No

Second Parent's total earned income in 2024: \$ \_\_\_\_\_

Check if parent(s) did not, and were not required to, file a 2024 federal tax return.

**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.

**B) If your parent(s) did not file a 2024 tax return,** you are required to provide documentation from the IRS, dated after October 1, 2025, that indicates they did **not** file a 2024 IRS federal income tax return with the IRS. This is typically a "**Verification of Non-Filing Letter**".

A "**Verification of Non-Filing Letter**" may be requested from the IRS in the following ways:

- 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](http://www.irs.gov/pub/irs-pdf/f4506tez.pdf)
- Using the **IRS2Go** mobile app

Check if parent(s) filed, or will file, a 2024 federal income tax return.

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.

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**2) Complete the sections below.** Include the total amounts from January 1, 2024 through December 31, 2024. If the answer is “zero”, or the question does not apply, enter “\$0.00”. **Do not leave any items blank. Forms submitted with blanks will be considered incomplete and may delay receipt of financial aid.**

2024 Additional Financial Information	PARENT	STUDENT
	Totals from 1/1/24 - 12/31/24	
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. <b>Do not include</b> untaxed combat pay.		
Earnings from work under a cooperative education program offered by a college.		

2024 Untaxed Income Information	PARENT	STUDENT
	Totals from 1/1/24 - 12/31/24	
Money received, or paid, on your behalf (e.g., bills) not reported elsewhere on this form.	N/A	
Child Support <b>received</b> for any of your parents’ children. <b>Do not include</b> foster children.		

