Soka UNIVERSITY

Office of Financial Aid

2026-2027 Family Budget Report (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: 2024 Income and Resources

Description of 2024 Income and Resources	Monthly ($)	Yearly ($)
Wages for First Parent		
Wages for Second Parent		
Housing Assistance (e.g., HUD)		
Government Assistance (e.g., 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**

(This form requires handwritten signatures. Photocopies of handwritten signatures are permitted. Electronic, or typed, signatures will not be accepted.)

Please e-mail, mail, or deliver this form in person to the address below. Please write your ID# on attached or supporting documents.