

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, 2025 through June 30, 2026.
- College information for any household member that: (a) will enroll in college at least half-time during the 2025-2026 academic year, **AND** (b) was born on or after January 1, 2002, **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, 2002	For family members born on or after January 1, 2002; who will enroll at least half-time in college in 2025-2026**		
			Name of College	Degree (BS, MA, etc.)	Year in College (1, 2, 3, or 4)
	Yourself	N/A	Soka University		
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ 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:

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 2023 or 2024: (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 2023 Federal Income Tax Information
Did you earn any income in 2023? ☐ Yes ☐ No Student’s total earned income in 2023: \$ _____
☐ Check if student did not, and was not required to, file a 2023 federal tax return. 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.
☐ Check if student filed, or will file, a 2023 federal income tax return.
☐ 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.

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

Parent(s)' 2023 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 2023? ☐ Yes ☐ No

First Parent's total earned income in 2023: \$ _____

B) Did your Second Parent earn any income in 2023? ☐ Yes ☐ No

Second Parent's total earned income in 2023: \$ _____

☐ Check if parent(s) did not, and were not required to, file a 2023 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 2023 tax return, you are required to provide documentation from the IRS, dated after October 1, 2024, that indicates they did **not** file a 2023 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
- Using the **IRS2Go** mobile app

☐ Check if parent(s) filed, or will file, a 2023 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.

Office of Financial Aid

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

2) Complete the sections below. Include the total amounts from January 1, 2023 through December 31, 2023. 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.**

2023 Additional Financial Information			PARENT	STUDENT
			Totals from 1/1/23 - 12/31/23	
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. 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	

2023 Untaxed Income Information			PARENT	STUDENT
			Totals from 1/1/23 - 12/31/23	
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.			N/A	

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

SECTION D: Asset Information

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

Student: \$ _____ **Parent(s):** \$ _____

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: \$ _____ **Parent(s):** \$ _____

3) Total net worth of your parents' business and/or investment farms:

Student: \$ _____ **Parent(s):** \$ _____

SECTION E: 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.)

All documents may be submitted via email, fax, inter-campus mail, or in-person through the financial aid drop box. If submitting documents via email, take proper information security precautions by redacting sensitive information such as Social Security Numbers (SSNs) or other personal identifying information. Please write your ID# on all attached or supporting documents.