

SECTION II: STUDENT AND SPOUSE'S INCOME

Please complete the information below regarding you and your spouse's (if applicable) income for **2017**. If you and your spouse did not work, you must list what other sources of income you had for the year. You will need to include any money paid on your behalf by family or friends. **For example:** *If you lived with a family member or friend, and he/she covered all expenses, you must calculate what portion of the expenses he or she paid on your behalf.* Answering zero or reporting an unusually low income in the items below will not be accepted.

Income earned from work by student:	_____	Do you receive housing assistance?
Income earned from work by spouse:	_____	Yes or No
Social security benefits received by all family members:	_____	
Workmen's compensation benefits:	_____	
Child support received:	_____	Do you receive food stamps?
Alimony received:	_____	Yes or No
Public Assistance (TANF):	_____	
Money paid on your behalf by family/friends:	_____	
Financial Aid Refund from loans/grants:	_____	

SECTION III: PARENT'S INCOME

Please complete the information below regarding your mother and father's income for **2017**. If your mother/step-mother and/or father/step-father did not work, you must list what other sources of income they had for the year. You will need to include any money paid on their behalf by family or friends. **For example:** *If you and your parent's lived with a family member or friend, and he/she covered all expenses, you must calculate what portion of the expenses he/she paid on you and your family's behalf.* Answering zero or reporting an unusually low income in the items below will not be accepted.

Income earned from work by mother/step-mother:	_____	Do you receive housing assistance?
Income earned from work by father/step-father:	_____	Yes or No
Social security benefits received by all family members:	_____	
Workmen's compensation benefits:	_____	Do you receive food stamps?
Public Assistance (TANF):	_____	Yes or No
Child support received:	_____	
Alimony received:	_____	
Money paid on your behalf by family/friends:	_____	
Financial Aid Refund from loans/grants:	_____	

By signing this form I (we) attest that the information is truthful to the best of my (our) knowledge.

Student's Signature: _____	Date: _____
Student Name: _____	Student ID: _____
Parent /Spouse Signature: _____	Date: _____

Please return the completed form to:

Immaculata University, 1145 King Road, Lillian P. Lettiere Center 219, Immaculata, PA 19345
Office: (610 647-4400) ext. 3028 Fax: (484 395-0068)