



2026-2027 Academic Year

Student Income Verification Form

Student's Name: _____ Student ID# or Last 4# of SSN: _____

The Student Financial Aid Office requires additional information in order to accurately assess your eligibility for financial assistance for the 2026-2027 academic year. While completing your 2026-2027 Free Application for Federal Student Aid (FAFSA) you reported unusually low or no income for the year of 2024. Please complete the following information with your 2024 income and expenses.

2024 RESOURCES: (Calendar year 01/01/24-12/31/24) – Do not leave any items blank; enter '\$0' or N/A if not applicable.

| Report all income/ resources (YEARLY amounts) | 2024 Yearly Amounts |
|---|---------------------|
| Student taxable wages on tax return | \$ |
| Spouse taxable wages on tax return (if applicable) | \$ |
| Interest / Dividends | \$ |
| Rental Property Income | \$ |
| Net Income (from Business, Farm, Rents, Partnerships, Estates, Trusts or Gains) | \$ |
| Social Security Benefits (include amount received for all family members) | \$ |
| Veteran's Educational Benefits | \$ |
| Veteran's Non-Educational Benefits (Disability, Death, Pension, or Dependency & Indemnity Compensation (DIC)) | \$ |
| Unemployment Compensation | \$ |
| Child Support (received for all children) | \$ |
| Alimony | \$ |
| Payments from Pension or Retirement Savings Plan | \$ |
| Housing, Food, and Other Living Allowances paid to members of the military, clergy, and others. (Do not include the value of on-base military housing or the value of basic military allowance for housing) | \$ |
| Money received or paid on your behalf (e.g., bills), | \$ |
| Other Untaxed Income (Workers' Compensation, disability, etc.) | \$ |
| Other taxable or nontaxable income not listed above | \$ |
| Loans (home equity, family members, business. Do not include Federal Direct/Direct PLUS or Alternative Loans.) Also, please indicate the source of the loan (bank, family members, etc.) | \$ |
| Other Resources (Include cash, savings, investments) | \$ |
| Total 2024 Resources | \$ |

***MUST COMPLETE ADDITIONAL INFORMATION ON THE NEXT PAGE**

Please Return To:

Student Financial Aid Office
 1325 Sunnyside Pike, P.O. Box 901 • Gwynedd Valley, PA • 20437-0901
 Phone: 215-646-7300 Ext. 21216 • Fax: 215-641-5556 • Email: financialaid@gmercyu.edu

2024 EXPENSES: (Calendar year 01/01/24-12/31/24) – Do not leave any item blank; enter '\$0' or N/A if not applicable. Items with an asterisk (*) require an explanation below or an amount.

| Report all income/ resources (YEARLY amounts) | 2024 Yearly Amounts |
|--|---------------------|
| *Mortgage or Rent (primary residence) If no mortgage or rent - explain below | \$ |
| Mortgage for other properties (Vacation or Rental - Circle one) | \$ |
| Interest / Dividends | \$ |
| Rental Property Income | \$ |
| Homeowner's Insurance, if not included in mortgage | \$ |
| Property taxes | \$ |
| *Food | \$ |
| *Automobile expenses (loan / gas / repairs / insurance) | \$ |
| *Utilities (heat / electric / water / gas / cable) | \$ |
| *Telephone (include cell)/ Internet Access | \$ |
| *Transportation – other than auto | \$ |
| Health Insurance (your share) | \$ |
| Medical Expenses – including prescriptions (not reimbursed by insurance) | \$ |
| Money received or paid on your behalf (e.g., bills), | \$ |
| Clothing | \$ |
| Child Care | \$ |
| *Personal (cleaning / toiletries / haircuts) | \$ |
| Entertainment/Vacation | \$ |
| Credit Cards | \$ |
| Private Elementary or Secondary tuition (not college) paid. Do not include any amount covered by scholarships or grants. | \$ |
| Rental Property Expenses | \$ |
| Other obligations (please explain): | \$ |
| | |
| Total 2024 Expenses | \$ |

Total 2024 Resources MINUS Total 2024 Expenses \$ _____

If the total 2024 Resources minus total 2024 Expenses is a negative amount, you MUST explain (on the lines provided below) how you were able to pay for your expenses.

Signature of Student: _____ **Date:** _____

Signature of Spouse (if applicable): _____ **Date:** _____

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