FRANCISCAN
MISSIONARIES OF OUR LADY
UNIVERSITY

2026-2027 Dependent Student's Untaxed Income

Student's Name: _____SID:_____

1. Complete this section if someone in the student's parent's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2024 or 2025 calendar years.

   ☐ One of the persons listed in Section B of this worksheet received SNAP benefits in 2024 or 2025. If asked, I will provide documentation of the receipt of SNAP benefits during 2024 and/or 2025.

2. Complete this section if one of the student's parents paid child support in 2024.

   ☐ One (and/or both) of the student's parents listed in Section B of this worksheet paid child support in 2024. The parent has indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2024 for each child. If asked, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes the student's name and SID at the top.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2024
Marty Jones (example)	*Chris Smith (example)*	*Terry Jones (example)*	*$6,000 (example)*

Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet.

_____ _____
Student's Signature **Date**

_____ _____
Parent's Signature **Date**

WARNING:
If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Please email this form to financialaid@franu.edu.