

St. John's University Office of Student Financial Services

Independent Certification Form

Student Name:		ID Number X	
Contact Number:		Alternate/Cell Number:	
	Submit form by securely uploading	to: www.stjohns.edu/SFSdoc	umentupload
informa country dollars	Il regulations require us to verify how families ation requested on this form pertains to you (x, you must still submit his or her information. Sin Do not leave any blanks	and your spouse's) household. mply report the income and exp	If your spouse lives in another ense information converted to U.S.
1) <u>INCOME SECTION 2022</u> – List annual dollar amount and <u>SUBMIT PROOF OF SOURCE OF INCOME/BENEFITS</u> Please do not submit originals of any supporting documentation. Originals cannot be returned.			
A.	Income From Work	2022 Year	\$
В.	Public Assistance [] TANF [] SNAP	2022 Year	\$
C.	Social Security Benefits	2022 Year	\$
D.	Relatives	2022 Year	\$
E.	Child Support Received	2022 Year	\$
F.	Unemployment Benefits	2022 Year	\$
G.	Other Support: (specify)	2022 Year	\$
<u> </u>	Total Income for 2022 Year	(Add lines A through G)	\$
Α.	PENSE SECTION 2022 (If expenses are unu Check One: [] Rent [] Mortgage Utilities	2022 Year 2022 Year 2022 Year	\$ \$
C.	Food	2022 Year	\$
D.	Transportation (gas, insurance)	2022 Year	\$
E.	Other Expenses: (specify)	2022 Year	\$
	Total Expenses for 2022Year	(Add lines A Through E)	\$
	expenses exceeded your income, you must be explain unusually low expenses or any other sp		expenses. You may also use these
-	X FILING STATUS: **** PLEASE SEND COPY nt:□ Check & submit a signed copy of your 20 □ Check here if you will not file and are not (Please submit a copy of all 2022 W-2 for	022 Tax Return or an IRS Tax t required to file a 2022 U.S. In	Return Transcript
	FICATION: I (we) hereby attest that all the information inderstand that providing false or misleading informations.		
Student's Signature Date		Spouse's Signature	 Date