



HAMPTON UNIVERSITY
HAMPTON, VA 23668

INCOME VERIFICATION FORM

STUDENT
SUPPORT
SERVICES

NOTE: ALL INFORMATION THAT YOU SUBMIT WILL BE HELD IN STRICT CONFIDENCE.

NAME _____ HUID # _____
LAST FIRST M.I.

PERMANENT HOME ADDRESS _____
NUMBER AND STREET

_____ CITY STATE ZIP CODE

PERMANENT HOME PHONE (_____) _____ LOCAL PHONE (_____) _____

GENDER M F RACE _____ BIRTH DATE _____ AGE _____

STUDENT LIVES WITH: FATHER MOTHER GUARDIAN OTHER MAINTAINS OWN RESIDENCE

ANNUAL FAMILY INCOME (BEFORE TAXES)

\$ _____ FATHER'S INCOME (IF YOU LIVE AT HOME)
\$ _____ MOTHER'S INCOME (IF YOU LIVE AT HOME)
\$ _____ STUDENT'S INCOME (IF SELF SUPPORTING AND LIVING AWAY FROM HOME)
\$ _____ SPOUSE'S INCOME (IF APPLICABLE)

IF NONE OF THE ABOVE ARE APPLICABLE OR IF YOU RECEIVE ADDITIONAL SUPPORT FROM ANY OF THE FOLLOWING SOURCES, PLEASE INDICATE THE AMOUNT RECEIVED EACH MONTH, AND INCLUDE SUPPORTING DOCUMENTATION.

\$ _____ SOCIAL SECURITYING BENEFITS
\$ _____ PUBLIC ASSISTANCE (WELFARE)
\$ _____ CHILD SUPPORT
\$ _____ OTHER (PLEASE SPECIFY)
\$ _____ TOTAL TAXABLE FAMILY INCOME
_____ NUMBER OF PERSONS SUPPORTED BY FAMILY INCOME

I CERTIFY THAT THE ABOVE INFORMATION INCLUDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PERSON SUBMITTING INFORMATION / RELATIONSHIP TO STUDENT DATE