

**STUDENT SUPPORT SERVICES
HAMPTON UNIVERSITY**

INCOME VERIFICATION FORM

***NOTE: The information you submit will be held in confidence.**

Student's Name _____ HUID # _____

Address _____ Phone Number () _____

Gender: Male __ Female __ Race: _____ Birth Date: _____ Age: _____
__ Student lives with: Check one(s) that apply.

____ Father ____ Stepfather ____ Guardian ____ Other
____ Mother ____ Stepmother ____ Maintains own residence

Annual Family Income (Before Taxes)

a. Father's Income (if you live at home) \$ _____

b. Mother's Income (if you live at home) \$ _____

c. Student's Income (if self-supporting and living away from home) \$ _____

d. Spouse's Income (if applicable) \$ _____

e. 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 along with supporting documentation.

\$ _____	Social Security Benefits
\$ _____	Public Assistance (Welfare)
\$ _____	Child Support
\$ _____	Other (Please specify)

f. Total **TAXABLE** family income \$ _____

g. Number of persons supported by family income _____

I certify that the above information is accurate and complete to the best of my knowledge.

**Signature of Person Submitting Information
and Relationship to Student**

Date