Financial Aid Office

1032 West Sheridan Road Sullivan Center Room 190 Chicago, Illinois 60660 Phone: 773.508.7704

Scan completed form and upload to https://forms.luc.edu/faoupload



Preparing people to lead extraordinary lives

2024-2025 Parent Federal Benefits Verification

Student	Name:(Please print)	Loyola ID: (Your 11-digit Loyola ID number begins 0000)
fina		eded to complete the verification of your 2024-2025 r submitted federal tax forms. Answer the following by members of your household.
•	Did anyone in your household receive S Yes No	SNAP (Supplemental Nutrition Assistance Program) in 2022 or 2023?
•	Did anyone in your household receive V Children) in 2022 or 2023? Yes No	WIC (Special Supplemental Nutrition Program for Women, Infants, and
•	Did anyone in your household receive Yes No	ΓΑΝF (Temporary Assistance for Needy Families) in 2022 or 2023?
•	Did anyone in your household receive I Yes No	Free or Reduced Prices Lunch in 2022 or 2023?
•	Did anyone in your household receive I Yes No	Medicaid or Supplemental Security Income in 2022 or 2023?
All of the requested, documents	we agree to give proof of the inform	accurate and complete to the best of my knowledge. If ation provided on this form. Proof may include court to. Failure to provide the requested information will result
Parent Sig	nature*	Date

*Typed and digital signatures are not acceptable

FB 2025