2026 – 2027 Statement of Support Form

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Please answer all sections and provide requested documents. Incomplete forms will be returned.
Note: If we have reason to believe that the information on this form is not accurate, we may require additional documentation.

A. STUDENT INFORMATION

Last Name _____ First Name _____ M.I. _____ Goodwin Student ID# _____

B. INSUFFICIENT INCOME CLARIFICATION

So that we can fully understand the student's family's **2023** financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household in **2024**.
If the total amount(s) listed below meet tax filing requirements, a student/parent may be subject to file a 2024 tax return.

Name of Recipient *(Self, Spouse, Parent, and/or Child)*	**Type**	**Total Amount for the Year**
	Housing ▪ *Someone paid rent or mortgage on my/our behalf* ▪ *Lived with a relative or someone else who provided us free room and board in **2023.*** ▪ *Lived in Subsidized housing*	
	Utilities/Bills (*Utilities or bills paid by someone else (Example: electric, phone, insurance)*	
	Food (*Received money for food and/or free meals and/or food stamps)*	
	Child Support (*Received child support payments)*	
	Benefit Programs *(Social Security benefits, welfare, unemployment benefits, worker's compensation, VA benefits, HUSKY/Medicaid, etc.)*	

Cash Gifts, Other, Comments:

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C. CERTIFICATION

The persons signing this form certify that all the information reported on it is complete and correct.
Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature _____ Date _____

Student's Spouse's Signature (Optional) _____ Date _____

Student's Parent/Stepparent Signature **(REQUIRED, IF PARENTS ARE ON FAFSA)** _____ Date _____

Please submit this form to:
Goodwin University, Attn: Financial Aid Office, One Riverside Drive, East Hartford, CT 06118
Phone: 860-727-6723 ◆ **FAX**: 860-913-2199 ◆ Secure File Upload Link: https://securefiles.goodwin.edu/filedrop/~jPoGOJ