SUNY NIAGARA Financial Aid Office 3111 Saunders Settlement Road, Sanborn, NY 14132 Phone: (716) 614-6266 Fax: (716) 614-6820

Email: finaid@niagarcc.suny.edu

2024-2025 Verification of Other Untaxed Income for 2022

| Name: | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---|
| Student ID#: | | | | |
| Additional information: | | | | |
| So that we can fully understand the information about any other resoumembers of the student's househousehousehousehousehousehousehouse | rces, benefiold. This mand to the Financy housing, | ts, and other amounts r y include items that we ancial Aid Office and ind SNAP, TANF, support fr | eceived by the student and any re not required to be reported of clude such things as Federal from family members or others, of | n |
| Name of Recipient | | pe of Financial Support | Amount of Financial Support | t |
| | | зарроге | Necelved III 2021 | |
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| Comments: | | | | |
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| Student's Signature D | Date | Parent 1 Signature Date (Father/Mother/Stepparent) | | _ |
| | | Parent 2 Signature (Father/Mother/Step | Date pparent) | |