2013-2014 Number of Household Members & Number in College
Independent Student

Office of Financial Aid – One University Avenue – Bourbonnais, IL 60914
(815) 939-5249 Fax: (815) 939-5074

Your application for Federal Student Aid was selected for review in a process called "Verification." Complete this verification form and submit it to the Office of Financial Aid as soon as possible so that your financial aid won't be delayed. Please be aware that your financial aid eligibility may change based on verification.

Student Information **Student ONU ID#**_____

_____ _____
Last Name First Name M.I. Social Security Number

_____ _____
Home Address (include apt. no.) Date of Birth

_____ _____
City State ZIP Code Phone Number (include area code)

List below the people in the student's household. Include:

- The student.
- The student's spouse, if the student is married. Do not include spouse if student is divorced, separated, or widowed.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2013, through June 30, 2014, even if the children do not live with the student. Do not include foster children.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2014.

Also, for any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2013, and June 30, 2014, include the name of the college. Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate. If more space is needed, provide a separate page that includes the student's name and ID number at the top.

Full Name	Age	Relationship to Student	Name of College if Will be Enrolled at Least Half Time
		Self	*Olivet Nazarene University*

Certifications and Signatures – Independent Student

Each person signing below certifies that all of the information reported to qualify for Federal Student Aid 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's Signature (Required) _____ Date_____

Spouse's Signature (Optional) _____ Date_____