



2022-23 Verification – Household Resources Received in 2020
Dependent Student

Office of Student Financial Services – One University Ave – Bourbonnais, IL 60914
Phone: (815) 939-5245 Fax: (815) 939-5074 Email: studentfinance@olivet.edu

ONU ID # or SSN _____ Date of Birth _____ Phone _____

Student Name _____
Last First M.I.

Student Address _____
Street (include apartment #) City State ZIP Code

Answer each question below as it applies to the student and the student’s parent(s)/stepparent whose information is on the 2022-23 FAFSA. Do not leave any answer blank. Incomplete forms will be rejected. Enter “0” for any line that does not apply. Provide documentation or a signed explanation if the amount listed on the 2022-23 FAFSA is different than what is being reported below.

Table with 3 columns: Description, Student Total, Parent Total. Rows include 2020 Untaxed Income (Include the total amount of benefits received for all of 2020), Payments to tax-deferred pension/retirement saving plans, IRA deductions, Child support, Tax exempt interest income, etc.

Table with 3 columns: Description, Student Total, Parent Total. Rows include 2020 Additional Financial Information, Education credits, Child support paid, Taxable earnings, Taxable college grant, Military combat pay, Earnings from work.

I certify that ALL of the information on this form is complete and correct:

Student Signature (Required) _____ Date _____

Parent Signature (Required) _____ Date _____

(Typed signatures will NOT be accepted.)

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. If we have reason to believe that the information on this form is not accurate, we may require additional documentation.