



**2019-2020 Verification – Household Resources Received in 2017  
Independent Student**

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

Please complete this form regarding all of the household resources reported on the 2019-2020 Free Application for Federal Student Aid (FAFSA). Please answer each question below as it applies to the **student and the student's spouse (if married)** whose information is on the FAFSA. **Please do not leave any answer blank.** If you did not pay/receive any income from one or more of these sources in 2017, please answer "None" or "0." Please provide documentation or a signed explanation if the amount listed on the FAFSA is different than what is being reported on this form.

<b>2017 Untaxed Income (Include the total amount of benefits received for all of 2017)</b>	<b>Student Total</b>	<b>Spouse Total</b>
Payments to tax-deferred pension/retirement saving plans (e.g., 401(k) or 403(b) plans): ▪ <b>Please attach all copies of W-2s received in 2017.</b>	\$	\$
Child support received for ALL children in the household ( <b>do not include</b> foster care/adoption payments):	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others:	\$	\$
Veterans <b>non-education</b> benefits:	\$	\$
Other untaxed income (such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings account from IRS Form 1040 Line 25, Railroad Retirement Benefits):	\$	\$
Money received or paid on your behalf (e.g., bills). Include income received and payments made by anyone not included on your FAFSA:	\$	\$

So that we can fully understand your family's financial situation, please provide below information about any other resources, benefits, and other amounts received by you and any members of your household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the Office of Financial Aid.

<b>2017 Additional Resources and Benefits (include the total amount of benefits received for all of 2017)</b>	<b>Student Total</b>	<b>Spouse Total</b>
Earnings or property value in another country ( <b>do not include</b> the home in which you live):	\$	\$
Financial support from friends, relatives, and/or other:	\$	\$
Supplemental Nutrition Assistance Program (Food Stamps) benefits:	\$	\$
Social Security Benefits (SSB)/Supplemental Security Income (SSI):	\$	\$
Welfare/Temporary Assistance to Needy Families (TANF):	\$	\$
Cash, savings, and/or checking account:	\$	\$

If all fields in the charts above are answered "None" or "0," please explain below how 2017 household expenses were paid and indicate the amount received from each source. If more space is needed, attach a signed statement with the student's name and ID#.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 Student Signature (Required) Date

\_\_\_\_\_  
 Spouse Signature (Optional) Date

**(Computer-generated/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.**