



**2019-2020 Verification - Legal Dependent Form**

Office of Financial Aid - One University Avenue - Bourbonnais, IL 60914-2345  
 Phone: (815) 939-5249 Fax: (815) 939-5074 Email: [finaid@olivet.edu](mailto:finaid@olivet.edu)

Your Free Application for Federal Student Aid (FAFSA) 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 is not delayed. Please be aware that your financial aid eligibility may change based on verification.

ONU ID # or SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Student Name \_\_\_\_\_  
*Last First M.I.*

Student Address \_\_\_\_\_  
*Street (include apartment #) City State ZIP Code*

You indicated on your FAFSA that you have a legal dependent other than a spouse. **In order for a student with a dependent to be considered independent for FAFSA purposes, the student must be able to support themselves AND provide 51% or more of their dependent's support through work and/or state received assistance.** Please answer the questions below to help us determine the correct filing status for you. Submit this completed form with any other documentation requested to the Office of Financial Aid.

Name of Dependent	Relationship to you	Age	Does this person live with you all year?	Was this person claimed on your 2017 U.S. Federal Income Tax Return? If Yes, you must submit your SIGNED 2017 IRS Tax Return.
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No

Do you live with your parents? (check one) \_\_\_ Yes \_\_\_ No

Do you provide 51% or more of the support for the dependent(s) listed above? (check one) \_\_\_ Yes \_\_\_ No

■ **If Yes, please submit the following documents with this form:**

- A statement (preferably type-written) listing your current monthly expenses and income from all sources including the cash value of support received from family and friends, and public assistance (TANF, WIC, SNAP, child care, rent, etc.).
- A copy of your most recent paystubs from all employers. (if applicable)
- A statement of current benefits from all other sources of income including but not limited to Social Security, TANF, SNAP, unemployment, etc. (if applicable)

■ **If No, you do NOT provide 51% or more of the dependent's support, complete the following items:**

- Sign this form and return it to the Office of Financial Aid.
- Go online to make the corrections at [www.fafsa.ed.gov](http://www.fafsa.ed.gov), have your parents provide their information, and sign and submit with all required FSA IDs and passwords.

The following guidelines are used in the calculation to determine whether or not you are able to provide the required support for yourself and your dependent(s) to be considered an independent student for FAFSA purposes:

Persons in Family/Household	2018 Poverty Guidelines
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100

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

Student Signature (Required) \_\_\_\_\_ 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.**