**2019-2020 Verification - Low Income Statement**
**Independent Student**

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

Federal regulations require that independent applicants with low incomes submit a written statement signed by the student explaining what their expenses were and how they were able to meet them. Please fill out the income and expense worksheet below and submit this form 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*

**<u>Do not leave any lines blank.</u> Enter "0" if an item does not apply.**
**If expenses are greater than income, explain how 2017 expenses were met on the lines below.**

| **2017 Total Income:** | **Annual Student 2017 Income** | **Annual Spouse 2017 Income** |
|---|---|---|
| Income from Employment | $ | $ |
| Unemployment Benefits | $ | $ |
| Child Support Received | $ | $ |
| Social Security/Disability Benefits | $ | $ |
| Welfare Benefits (TANF) | $ | $ |
| Food Stamps (SNAP) | $ | $ |
| Alimony/Palimony Received | $ | $ |
| Money Spent from Savings | $ | $ |
| Personal Loans or Credit Card Charges (used to pay living expenses) | $ | $ |
| Cash Support Received to pay Expenses (including, but not limited to: mobile phone, auto & health insurance, recreation, meals, personal bills, etc.) | $ | $ |
| Value of Non-Cash Support Received (including, but not limited to: housing, food, clothing, non-cash gifts, etc.) | $ | $ |
| **TOTAL** | **$** | **$** |

| **2017 Total Expenses:** | **Annual 2017 Expenses** | **Who Pays for/ Provides?** |
|---|---|---|
| Housing (if "0" explain below) **Living with Parents? (circle one) Yes No** | $ | |
| Utilities (if "0" explain below) | $ | |
| Food (if "0" explain below) | $ | |
| Clothing | $ | |
| Transportation | $ | |
| Medical | $ | |
| Child Care | $ | |
| Child Support/Alimony Paid | $ | |
| Other Expenses Not Listed Above | $ | |
| **TOTAL** | **$** | |

If additional space is needed, please use the back of this form or an additional paper with student's name and ID number.

_____
_____
_____

*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.**