



2019-2020 Standard Verification Dependent Student

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

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called “Verification.” Please 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

Verification of Number of Household Members & Number in College

List the names of **all** the members in your parent’s household in the chart below, including:

- Yourself,
- Your parents** (including a stepparent),
- Your parents’ other children (even if they do not live with your parents), if (a) your parents will provide more than half of their support between July 1, 2019 and June 30, 2020, or (b) the children would be required to provide parental information if they were completing a FAFSA for 2019-20, and
- Other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between July 1, 2019 and June 30, 2020.

In the chart below list the name, age (not required for parents), and relationship to the student of each person in your household. If any members of your household, other than your parents, will be enrolled in a program that leads to a college degree, diploma, or certificate, **at least half time**, between July 1, 2019 and June 30, 2020, include the name of the college. Do not include siblings who are in US military service academies.

Do not leave any column blank for each household member listed. Incomplete forms will be returned.

Full Name	Age	Relationship to Student	Name of College
1.		<i>Self</i>	<i>Olivet Nazarene University</i>
2.		<i>Parent</i>	<i>N/A</i>
3.			
4.			
5.			
6.			
7.			
8.			

If more space is needed, provide a separate page that includes the student’s name and ID number.

**If your parents/stepparents are married (and not separated), include both parents on the form. If your parents/stepparents are separated or divorced AND maintain separate households, only include the parent/stepparent that you lived with more than 50% of the time during the 12 months prior to filing the FAFSA. Household members listed on this form pertain only to the parent(s) listed on this form.

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

Student Signature (Required) Date

Parent 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.