



**OLIVET  
NAZARENE  
UNIVERSITY**

## 2023-24 Verification – Household Resources Received in 2021

### Independent 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 spouse (if married) whose information is on the 2023-24 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 2023-24 FAFSA is different than what is being reported below.

2021 Untaxed Income (Include the total amount of benefits received for all of 2021)	Student Total	Spouse Total
Payments to tax-deferred pension/retirement saving plans (e.g., 401(k) or 403(b) plans) 2021 W-2 Box 12a-d Codes D, E, F, G, H and S. ( <b>Don't</b> include any other codes.)	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from 2021 IRS Form 1040 Schedule 1 – total of lines 16 + 20.	\$	\$
Child support received in 2021 for your children ( <b>don't include</b> foster care or adoption payments).	\$	\$
Tax exempt interest income from 2021 IRS Form 1040 – Line 2a.	\$	\$
Untaxed portions of IRA distributions and pensions from 2021 IRS Form 1040 – line 4a minus line 4b <b>PLUS</b> line 5a minus line 5b. <b>Exclude rollovers.</b> If negative, enter zero here.	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others in 2021 (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
Veterans <b>non-education</b> benefits received in 2021 such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$
Other untaxed income such as workers' compensation, disability benefits, untaxed foreign income, untaxed portions of health savings account from 2021 IRS Form 1040 Schedule 1 – Line 13. <b>Don't include</b> welfare payments, untaxed Social Security benefits, Supplemental Security Income, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements, or foreign income exclusion.	\$	\$
Money received or paid on your behalf in 2021 (e.g., bills). Include income received and payments made by anyone other than your parent(s) listed on your FAFSA.	\$	\$

2021 Additional Financial Information	Student Total	Spouse Total
Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from 2021 IRS Form 1040 Schedule 3 – Line 3.	\$	\$
Child support paid in 2021 because of divorce or separation or as a result of a legal requirement. <b>Don't include</b> support for children listed as household members on the 2023-24 FAFSA.	\$	\$
Taxable earnings from need-based employment programs received in 2021, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$	\$
Taxable college grant and scholarship aid <b>reported to the IRS as income</b> on your 2021 IRS Form 1040 (Line 1, SCH X,XXX). Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$	\$
Military combat pay or special combat pay received in 2021. Only enter the amount that was taxable and included in your adjusted gross income. <b>Don't include</b> untaxed combat pay.	\$	\$
Earnings from work received in 2021 under a cooperative education program offered by a college.	\$	\$

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

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

Spouse Signature (Optional) \_\_\_\_\_ 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.**