

Student Signature (Required)

(Typed signatures will NOT be accepted.)

2022-23 Verification - Legal Dependent Form

Office of Student Financial Services - One University Ave - Bourbonnais, IL 60914 Phone: (815) 939-5245 Fax: (815) 939-5074 Email: studentfinance@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 Student Financial Services as soon as possible so that your financial aid is not delayed.

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 leg- considered independent for FAFSA purposes, t their dependent's support through work and/or correct filing status. Submit this completed form w	he student must bo state received assi	e able t stance.	to support themselves Answer the questions	s AND provide 5 s below to help us	1% or more of determine your
Name of Dependent			Does this person live with you all year?		
			YesNo	Yes	No
			YesNo	Yes	No
			Yes No	Yes	No
Do you live with your parents? (check one) Do you provide 51% or more of the support for ■ If Yes, please submit the following documents ○ A statement (preferably type-written) listing value of support received from family and ○ A copy of your most recent paystubs from ○ A statement of current benefits from all of unemployment, etc. (if applicable) ■ If No, you do NOT provide 51% or more of the	the dependent(s) li with this form: ng your current mon friends, and public all employers. (if a) ther sources of incom-	thly expassistar pplicable inclu	penses and income from the (TANF, WIC, SNA le) adding but not limited to complete the following	P, child care, ren Social Security,	t, etc.).
Sign this form and return it to the Office of Go online to make the corrections at www.with.all.required.FSA IDs and passwords. The following guidelines are used in the calculation yourself and your dependent(s) to be considered an Persons in Family/Household 1 \$12,880 2 \$17,420 3 \$21,960 4 \$26,500	fafsa.ed.gov, have to determine wheth independent studen	your pa ner or n	rents provide their info		
I certify that ALL of the information on this form is	complete and corre	WARNING: If you purposely give false or misleading information on this form, you be fined, sentenced to jail, or both. If we lead to be reason to believe that the information on the sentenced to jail.			orm, you may h. If we have
Student Signature (Required)	Date		1 Subbit to believe		acton on this

Date

form is not accurate, we may require

additional documentation.