



2023-24 Standard Verification

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

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 Student Financial Services 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 the members in your household in the chart below, including:

- Yourself, (and your spouse, if married),
- Your children, if you will provide more than half of their support **between July 1, 2023, and June 30, 2024**, even if they do not live with you, and
- Other people if they now live with you, you provide more than half of their support and will continue to provide more than half of their support **between July 1, 2023, and June 30, 2024**.

In the chart below please list the name, age, and relationship to the student of each person in your household. If any members of your household will be enrolled in a program that leads to a college degree, diploma, or certificate, **at least half time, between July 1, 2023, and June 30, 2024**, please include the name of the college. Do not include family members who are in US military service academies.

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

Full Name	Age	Relationship to Student	Name of College or N/A (Do NOT list grade schools or high schools)
1.		<i>Self</i>	<i>Olivet Nazarene University</i>
2.			
3.			
4.			
5.			
6.			
7.			
8.			

If more space is needed, provide a separate page that includes the 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

(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.