



**2024-25 Verification - Low Income Statement
Dependent Student**

Office of Student Financial Services - One University Ave - Bourbonnais, IL 60914
Phone: (815) 939-5245 Fax: (815) 939-5074 Email: studentfinance@olivet.edu

Complete the income and expense worksheet below and 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

Do not leave any lines blank. Enter "0" if an item does not apply.

If expenses are greater than income, explain how 2022 expenses were met on the lines below.

| 2022 Total Income: | Annual Student 2022 Income | Annual Parent 2022 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 | \$ | \$ |

| 2022 Total Expenses: | Annual Student 2022 Expenses | Annual Parent 2022 Expenses |
|----------------------------------|-----------------------------------------|----------------------------------------|
| Housing (if "0" explain below) | \$ | \$ |
| 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

Parent Signature (Required) 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.