



2026-27 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. 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

You indicated on your FAFSA that you have a legal dependent other than a spouse. In order for a student with a dependent to be considered independent for FAFSA purposes, the student must be able to support themselves AND provide 51% or more of their dependent's support through work and/or state received assistance. Answer the questions below to help us determine your correct filing status. Submit this completed form with any other documents requested to the Office of Student Financial Services.

Name of Dependent	Relationship to you	Age	Does this person live with you all year?	Was this person claimed on your 2024 U.S. Federal Income Tax Return? If Yes, you must submit your SIGNED 2024 IRS Tax Return.
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No
			___ Yes ___ No	___ Yes ___ No

Do you live with your parents? (check one) ___ Yes ___ No

Do you provide 51% or more of the support for the dependent(s) listed above? (check one) ___ Yes ___ No

■ If Yes, please submit the following documents with this form:

- A statement (preferably type-written) listing your current monthly expenses and income from all sources including the cash value of support received from family and friends, and public assistance (TANF, WIC, SNAP, child care, rent, etc.).
- A copy of your most recent paystubs from all employers. (if applicable)
- A statement of current benefits from all other sources of income including but not limited to Social Security, TANF, SNAP, unemployment, etc. (if applicable)

■ If No, you do NOT provide 51% or more of the dependent's support, complete the following items:

- Sign this form and return it to the Office of Student Financial Services.
- Go online to make the corrections at www.fafsa.ed.gov, have your parents provide their information, and sign and submit with all required FSA IDs and passwords.

The following guidelines are used in the calculation to determine whether or not you are able to provide the required support for yourself and your dependent(s) to be considered an independent student for FAFSA purposes:

Persons in Family/Household	2024 Poverty Guidelines
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200

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

Student 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.