



## 2026-27 Standard Verification 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

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

List the names of the members in your parent’s household in the chart below, including:

- Yourself,
- Your parents\*\* (including a stepparent),
- Your parents’ other children (even if they do not live with your parents), if (a) your parents will provide more than half of their support **between July 1, 2026, and June 30, 2027**, or (b) the children would be required to provide parental information if they were completing a FAFSA for 2026-27, and
- Other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support **between July 1, 2026, and June 30, 2027**.

In the chart below list the name, age and relationship to the student of each person in your household. The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the parent could claim as a dependent on the U.S. tax return. If the parent were to file a U.S. tax return at the time of completing the 2026-2027 FAFSA. As a result, the parent should not include any unborn children in the family size.

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

Full Name	Age	Relationship to Student
1.		<i>Self</i>
2.		<i>Parent</i>
3.		
4.		
5.		
6.		
7.		
8.		

If more space is needed, provide a separate page that includes the student’s name and ID number.

\*\*If your parents/stepparents are married (and not separated), include both parents on the form. If your parents/stepparents are separated or divorced AND maintain separate households, only include the parent/stepparent that you provide more than 50% during the 12 months prior to filing the FAFSA. Household members listed on this form pertain only to the parent(s) listed on this form.

*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.**