



**OLIVET
NAZARENE
UNIVERSITY**

**2027-28 Verification – Household Resources Received in 2025
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

ONU ID # or SSN _____ Date of Birth _____ Phone _____

Student Name

Last

First

M.I.

Student Address

Street (include apartment #)

City

State

ZIP Code

Answer each question below as it applies to the student and the student's parent(s)/stepparent whose information is on the 2027-28 FAFSA. **Do not leave any answer blank. Incomplete forms will be rejected.** Enter "0" for any line that does not apply.

Provide documentation or a signed explanation if the amount listed on the 2027-28 FAFSA is different than what is being reported

2025 Untaxed Income (Include the total amount of benefits received for all of 2025)	Student Total	Parent Total
Payments to tax-deferred pension/retirement saving plans (e.g., 401(k) or 403(b) plans) 2025 W-2 Box 12a-d Codes D, E, F, G, H and S. (Don't include any other codes.)	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from 2025 IRS Form 1040 Schedule 1 – total of lines 16 + 20.	\$	\$
Child support received in 2025 for your children (don't include foster care or adoption payments).	\$	\$
Tax exempt interest income from 2025 IRS Form 1040 – Line 2a.	\$	\$
Untaxed portions of IRA distributions and pensions from 2025 IRS Form 1040 – line 4a minus line 4b PLUS line 5a minus line 5b. Exclude rollovers. If negative, enter zero here.	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others in 2025 (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
Veterans' non-education benefits received in 2025 such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$
Other untaxed income such as workers' compensation, disability benefits, untaxed foreign income, untaxed portions of health savings account from 2025 IRS Form 1040 Schedule 1 – Line 13. Don't include welfare payments, untaxed Social Security benefits, Supplemental Security Income, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements, or foreign income exclusion.	\$	\$
Money received or paid on your behalf in 2025 (e.g., bills). Include income received and payments made by anyone other than your parent(s) listed on your FAFSA.	\$	

2025 Additional Financial Information	Student Total	Parent Total
Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from 2025 IRS Form 1040 Schedule 3 – Line 3.	\$	\$
Child support paid in 2025 because of divorce or separation or as a result of a legal requirement. Don't include support for children listed as household members on the 2027-28 FAFSA.	\$	\$
Taxable earnings from need-based employment programs received in 2025, such as Federal Work-Study and need-based employment portions of fellowship and assistantships.	\$	\$
Taxable college grant and scholarship aid reported to the IRS as income on your 2025 IRS Form 1040 (Line 1, SCH X, XXX). Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$	\$
Military combat pay or special combat pay received in 2025. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.	\$	\$
Earnings from work received in 2025 under a cooperative education program offered by a college.	\$	\$

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.