2027-28 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, 2027, and June 30, 2028**, 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, 2027, and June 30, 2028**.

In the chart below please 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 2027-2028 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.		*Self*
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.