



2016-2017 Verification – Household Resources Received in 2015
Dependent Student

Office of Financial Aid – One University Avenue – Bourbonnais, IL 60914
Phone: (815) 939-5249 Fax: (815) 939-5074

ONU ID # or SSN _____ Date of Birth _____

Student Name _____
Last First M.I.

Student Address _____
Street (include apartment #) City State ZIP Code

Please complete this form regarding all of the household resources reported on the 2016-2017 Free Application for Federal Student Aid (FAFSA). Please answer each question below as it applies to the student and the student’s parent(s)/stepparent whose information is on the FAFSA. Please do not leave any answer blank. If you did not pay/receive any income from one or more of these sources in 2015, please answer “None” or “0.” Please provide documentation or a signed explanation if the amount listed on the FAFSA is different than what is being reported on this form.

Table with 3 columns: Description, Student Total, Parent Total. Rows include: 2015 Untaxed Income (Include the total amount of benefits received for all of 2015), Payments to tax-deferred pension/retirement saving plans, Child support received for ALL children in the household, Housing, food, and other living allowances paid to members of the military, clergy, and others, Veterans non-education benefits, Other untaxed income (such as workers’ compensation, disability, Black Lung Benefits, untaxed portions of health savings account from IRS Form 1040 Line 25, Railroad Retirement Benefits), Money received or paid on the student’s behalf (e.g., bills). Include income received and payments made by anyone other than your parent(s) listed on your FAFSA.

So that we can fully understand the student’s family’s financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student’s household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the Office of Financial Aid.

Table with 3 columns: Description, Student Total, Parent Total. Rows include: 2015 Additional Resources and Benefits (include the total amount of benefits received for all of 2015), Earnings or property value in another country (do not include the home in which you live), Financial support from friends, relatives, and/or other, Supplemental Nutrition Assistance Program (Food Stamps) benefits, Social Security Benefits (SSB)/Supplemental Security Income (SSI), Welfare/Temporary Assistance to Needy Families (TANF), Cash, savings, and/or checking account.

If all fields in the charts above are answered “None” or “0,” please explain below how 2015 household expenses were paid and indicate the amount received from each source. If more space is needed, attach a signed statement with the student’s name and ID#.

Blank lines for providing explanation of household expenses.

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

Student Signature (Required) _____ Date _____

Parent Signature (Required) _____ Date _____

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.