



2016-2017 Verification – Household Resources Received in 2015
Independent 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 spouse (if married) 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: Resource Category, Student Total, Spouse 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, Housing, food, and other living allowances, Veterans non-education benefits, Other untaxed income, Money received or paid on your behalf.

So that we can fully understand your family's financial situation, please provide below information about any other resources, benefits, and other amounts received by you and any members of your 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: Resource Category, Student Total, Spouse 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, 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#.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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

Student Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature (Optional) \_\_\_\_\_ 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.