



2016-2017 Standard Verification
Dependent Student

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

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification." Complete ALL 3 sections of this verification form and submit it to the Office of Financial Aid as soon as possible so that your financial aid is not delayed.

ONU ID # or SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_
Last First M.I.

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

Section One (Verification of Number of Household Members & Number in College)

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

- Yourself, even if you don't live with your parents,
Your parents,
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, 2016 and June 30, 2017, or (b) the children could answer "No" to every Dependency Status question on the FAFSA, 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, 2016 and June 30, 2017.

In the chart below please list the name, age, and relationship to the student of each person in your household. If any members of your household, other than your parents, will be enrolled in a program that leads to a college degree or certificate, at least half time, between July 1, 2016 and June 30, 2017, please include the name of the college. Do not include siblings who are in US military service academies.

Table with 4 columns: Full Name, Age, Relationship to Student, Name of College. Row 1: Self, Olivet Nazarene University. Row 2: Parent, N/A.

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

Section Two (Verification of Child Support Paid)

Did the student or one of the parents included in the household pay child support during the 2015 calendar year for children not counted in the household? (Check one) YES (complete section below) NO

Table with 5 columns: Name of the Person Who Paid Child Support, Name of the Person to Whom Child Support Was Paid, Name of the Child for Whom Child Support Was Paid, Child's Age, Amount of the Child Support Paid in 2015.

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

Section Three (Verification of SNAP/Food Stamp Benefits)

Did any of the household members listed above in Section One receive SNAP (Food Stamp) benefits anytime during 2014 or 2015?

(Check One) Yes No

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.