

2017-2018 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	Phone		
Student Name				
Last First			M.I.	
Student AddressStreet (include apartment #)		City	State	ZIP Code
Please complete this form regarding all of the hous Aid (FAFSA). Please answer each question below information is on the FAFSA. Please do not leave these sources in 2015, please answer "None" or "0 FAFSA is different than what is being reported on	was it applies to the stude ; e any answer blank. If you." Please provide documents	on the 2017-2018 Free Applient and the student's spouse you did not pay/receive any in	ication for Fede (if married) who come from one	ral Student hose or more of
2015 Untaxed Income (Include the total amoun	nt of benefits received fo	or all of 2015)	Student Total	Spouse Total
Payments to tax-deferred pension/retirement savi- • Please attach all copies of W-2s received in			\$	\$
Child support received for ALL children in the hopayments):			\$	\$
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 your behalf (e.g., bills). Include income received and payments made by anyone not included on your FAFSA:			\$	\$
benefits, and other amounts received by you and any members of your household. This may include item reported on the FAFSA or other forms submitted to the Office of Financial Aid. 2015 Additional Resources and Benefits (include the total amount of benefits received for all of 2015)			student Total	
Earnings or property value in another country (do	o 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 Familie			\$	\$
Cash, savings, and/or checking account:			\$	\$
If all fields in the charts above are answered "None indicate the amount received from each source. If	more space is needed, att	tach a signed statement with the	he student's nar	me and ID#.
I certify that ALL of the information on this form is Student Signature (Required)	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			
Spouse Signature (Optional)	Date	on this form is not acc	curate, we ma	