



2017-2018 Verification - 2015 Income Information for Student Nontax Filers Form
Dependent/Independent 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 this verification form and submit it to the Office of Financial Aid 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

The instructions and certification below apply to the student and/or spouse (if married). Complete this form if the student and/or spouse (if married) will not file and are not required to file a 2015 income tax return with the IRS.

Check the box that applies:

- Empty box: The student and spouse (if married) were not employed and had no income earned from work in 2015.
Empty box: The student and/or spouse (if married) were employed in 2015 and have listed below the names of all employers and the amount earned from each employer in 2015. [Provide copies of all 2015 IRS W-2 and 1099 forms issued to the student and spouse by their employers]. List every employer even if the employer did not issue an IRS W-2 or 1099 form.

Table with 3 columns: Employer's Name, Total Amount Earned in 2015, W-2 and/or 1099 Attached? (Yes/No). Rows 1-4.

If more space is needed, attach a separate page with the student's name and ID number at the top.

If you DID NOT receive a W-2 form or a 1099 form from an employer listed above, please explain how you were paid (if you did receive a W-2 or 1099 but cannot locate it, you will need to request another copy from your employer):

Three horizontal lines for providing explanation.

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.