



**2014-2015 Verification - Number of Household Members & Number in College
Form - Dependent Student**

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

Your application for Federal Student Aid 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.

Student Information

Student ONU ID# _____

Last Name	First Name	M.I.	Social Security Number
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Home Address (include apt. no.)	Date of Birth
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City	State	ZIP Code	Phone Number (include area code)
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Number of Household Members: List below the people in the parents’ household. Include:

- The student.
- The parents (including a stepparent) even if the student doesn’t live with the parents.
- The parents’ other children if the parents will provide more than half of the children’s support from July 1, 2014, through June 30, 2015, or if the other children would be required to provide parental information if they were completing a FAFSA for 2014–2015. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other people’s support and will continue to provide more than half of their support through June 30, 2015.

Number in College: Include the name of the college for any household member, excluding the parents, who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2014, and June 30, 2015.

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

Full Name	Age	Relationship to Student	Name of College if Will be Enrolled at Least Half Time
		<i>Self</i>	<i>Olivet Nazarene University</i>
		<i>Parent</i>	<i>N/A</i>

Certifications and Signatures – Dependent Student

Each person signing below certifies that all of the information reported to qualify for Federal Student Aid is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student’s Signature (Required) _____ Date _____

Parent’s Signature (Required) _____ Date _____