

2013-2014 Supplemental Nutrition Assistance Program (SNAP-Food Stamps) Independent Student

Office of Financial Aid – One University Avenue – Bourbonnais, IL 60914 (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 won't be 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
Home Address (include apt. no.)			Date of Birth
	,		
City	State	ZIP Code	Phone Number (include area code)
Assistance Pr 2012? (Check SNAP may be k	ogram or SNAP (form one)YES NO	nerly known as t	d receive benefits from the Supplemental Nutrition he Food Stamp Program) sometime during 2011 or ssistance in determining the name used in a state, please call
The independen The student. The student The student Other people	t student's household incl s spouse, if the student is s or spouse's children if une 30, 2014, even if the	married. the student or spouchildren do not live e student and the st	udent or spouse provides more than half of their support and
			ding the receipt of SNAP benefits is inaccurate, we may benefits in 2011 or 2012.
C		1 464 1 4	
	and Signatures – Independent of the below certifies that		on reported to qualify for Federal Student Aid is complete and
			information on this worksheet, you may be fined, be sentenced
Student's Signat	ture (Required)		Date
Spouse's Signat	ure (Optional)		Date