



2022-23 Dependent Financial Support Verification

STUDENT INFORMATION

Student Name _____ AU Student ID _____

DO NOT COMPLETE THIS FORM IF IT HAS NOT BEEN REQUESTED. This form cannot be completed in pencil.

On your 2022-2023 FAFSA, you reported that you have a dependent for whom you provide more than 50% of financial support. Complete this form to verify how you will provide a majority of your own financial support and more than 50% of your dependent's financial support from July 1, 2022 - June 30, 2023. If you reported dependent information in error, please revise your FAFSA.

Current Monthly Income (must attach last two paycheck stubs)

| Source of Income | Monthly Amount |
|------------------|----------------|
| | \$ |
| | \$ |

Current Monthly Expenses

| Type of Expense | Provided by Student | Provided by Other Individuals (i.e. Parents, Grandparents, etc.) | | Provided by Government (i.e. SNAP, TANF, WIC, etc.) | |
|-------------------|---------------------|--|-------------------------|---|--------------------|
| | | Amount | Relationship to Student | Amount | Type of Assistance |
| Rent/Mortgage | \$ | \$ | | \$ | |
| Utilities | \$ | \$ | | \$ | |
| Food | \$ | \$ | | \$ | |
| Clothing | \$ | \$ | | \$ | |
| Transportation | \$ | \$ | | \$ | |
| Insurance | \$ | \$ | | \$ | |
| Medical | \$ | \$ | | \$ | |
| Child Care | \$ | \$ | | \$ | |
| Personal Expenses | \$ | \$ | | \$ | |
| Other _____ | \$ | \$ | | \$ | |
| Total: | \$ | \$ | | \$ | |

Please describe where you live, including the type of housing, and list all the people living in your household and their relationship to you.

I hereby certify that all of the information provided on this form is true, complete, and accurate to the best of my knowledge. I agree to provide information that will verify the accuracy of this completed form. I realize that until all requested information has been submitted, reviewed, and verified, no financial aid will be credited to my student account. **I understand that if corrections need to be made to my FAFSA, the Office of Financial Aid will make the corrections based on the verification process.** If I purposely give false or misleading information, I may be fined, sent to prison, or both. I understand that it can take a minimum of two weeks for the Office of Financial Aid to process documents.

Student Signature → **Must be drawn and not typed.**

Date

To return this form: Secure Document Uploader: aurora.edu/submitfinancialforms

Fax: 630-844-6191 | Mail: Office of Financial Aid, 347 S Gladstone Ave, Aurora, IL 60506 | In Person: Eckhart Hall, Room 324

Questions: Email: financialaid@aurora.edu | Phone: 630-844-6190

Note: Documents submitted via email cannot be accepted due to security reasons.