



## 2025-26 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 2025-2026 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, 2025 - June 30, 2026. 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 _____	\$	\$		\$	
<b>Total:</b>	\$	\$		\$	

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

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<p>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. <b>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.</b> 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.</p>	
Student Signature → <b>Must be drawn and not typed.</b> _____	Date _____

**To return this form:** Secure Document Uploader: [aurora.edu/submitfinancialforms](http://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: [finaid@aurora.edu](mailto:finaid@aurora.edu) | Phone: 630-844-6190  
*Note: Documents submitted via email cannot be accepted due to security reasons.*