AURORA UNIVERSITY

2027–2028 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 2027–2028 FAFSA, you reported that you have a dependent for whom you provide more than 50% of the 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, 2027–June 30, 2028. 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	AMOUNT 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 (This must be written by hand, not typed.) Date

To return this form: Secure Document Uploader: aurora.edu/submitfinaidforms | 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 | Phone: 630-844-6190
Note: Documents submitted via email cannot be accepted due to security reasons.