

Illinois Wesleyan University

2025-2026 Independent Student Household Resources Form

Your FAFSA application was selected for review in a process called "Verification." In this process, the Financial Aid Office will be comparing information from your FAFSA application with the information requested below, W-2 forms and any other requested financial documents. The law says the Financial Aid Office has the right to ask you for this information before awarding Federal Aid. If there are differences between your application information and your financial information, the Financial Aid Office may need to make corrections electronically to your FAFSA application.

What you should do:

1. If you have filed a tax return and not done so already, use the Direct Data Exchange on your FAFSA application to import your IRS Tax Information onto the FAFSA.
2. Complete and sign the below form—you must sign and date this form.
3. Talk to your financial aid administrator if you have questions about completing this form.
4. Submit the completed form and any other documents the Financial Aid Office requests to the Financial Aid Office.

Income and Expenses

A. You have indicated an income level on the FAFSA application which requires that we verify the following information. To help us to better understand your monthly financial situation, please complete the following:

| <u>Monthly Resources</u> | <u>Amount</u> |
|--------------------------|---------------|
| Work Income | |
| SNAP (Food Stamps) | |
| Child Support Received* | |
| Credit** | |
| Gifts*** | |
| Other**** | |
| <u>Total</u> | |

| <u>Monthly Expenses</u> | <u>Amount</u> |
|-------------------------|---------------|
| Housing | |
| Utilities | |
| Food | |
| Transportation | |
| Medical | |
| Other | |
| <u>Total</u> | |

*Please report Child Support received for the entire household on a monthly basis.

**Please report any personal credit (i.e. credit cards, personal loans, etc...) used each month to meet monthly living expenses.

***Gifts are cash received or payments made on your behalf for housing, food, utilities, transportation, medical, and other expenses. You should estimate expenses paid on your behalf at fair market value.

****Sources of untaxed income other than income earned from work or gifts (i.e. clergy or military housing living allowances, etc...).

B. If you have resources reported in the 'Other' category in the resources grid above, please explain what kind of income it is (Ex: Interest Income, Social Security, Disability, etc...).

Housing Information

1. Do you own a business(es)? _____

-If so, please submit your most recent tax return including all schedules.

2. Do you live with one or more individuals (other than your spouse if you are married) who provide you with support to meet monthly expenses? _____

If so, please explain your situation and the financial relationship:

3. If you have other living or financial circumstances that are not addressed by the requested information above, please detail those circumstances below.

Student Statement

All information on this form and the FAFSA which will be used to calculate my student's eligibility for student financial aid assistance is complete and correct.

Student Signature: _____ Date: _____

Student's Legal Name (Print)

Student ID Number