

Office of Financial Aid University Park, IL 60484 708.534.4480

Fax: 708.534.1172 www.govst.edu/finaid

2017-2018 Income Verification Form Independent Student

Student Name:	GSU ID#	Last 4 digits of SS#	
you supported yourself and any depe	endents that you listed on th	e Independent Verification Workshee	et.
We have received your 2017-2018 F.	AFSA. You reported an inco	me of \$0. We are required to determ	ine how

1. Please check any applicable boxes below

INSTRUCTIONS:

2. Provide supporting documentation as noted

SOURCE OF SUPPORT	DOCUMENTATION REQUIRED
Cash payments from Health and Human Services/TANF	None
Low Income Housing Assistance	None
Veterans Non-Educational Benefits	None
Housing, food and other living allowances paid to members of the military, clergy, and others	None
Other untaxed income (such as worker's compensation, disability, etc.)	2015 Benefit Statement
Social Security Benefits (SSB)/Supplemental Security Income (SSI)	2015 Benefit Statement
Child support received for ALL children in the household (do not include foster care/adoption payments)	 Any of the following: Cancelled checks Receipts Signed statement from person paying child support
Financial Support from friends, family, or other	Signed statement from student
You live with another family member/friend	Signed statement from student
Other	Signed statement from student

If you have any questions regarding this, please defaid@govst.edu.	o not hesitate to contact our office at (708) 534-4480 or
Student Signature	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
Date	

CRI CODE: FAC17IIV