

Date

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

## 2023-2024 Income Verification Form Dependent Student

Student Name:	GSU ID#	Last 4 digits of SS#
INSTRUCTIONS:		
1. Please check any applicable bo 2. Provide supporting documenta		
SOURCE OF SUPPORT		DOCUMENTATION REQUIRED
Cash payments from Health and H	luman Services/TANF	None
Low Income Housing Assistance		None
Veterans Non-Educational Benefit	CS .	None
Housing, food and other living allowances paid to members of the military, clergy, and others		None
Other untaxed income (such as we etc.)	orker's compensation, disability	2021 Benefit Statement
Social Security Benefits (SSB)/Sup	oplemental Security Income (SSI	) 2021 Benefit Statement
Child support received for ALL ch include foster care/adoption payr	•	<ul> <li>Any of the following:</li> <li>Cancelled checks</li> <li>Receipts</li> <li>Signed statement from person paying child support</li> </ul>
SNAP Benefits		2021 Benefit Statement
Parent(s) live with another family	<u> </u>	Signed statement from student
Financial Support from friends, fa	mily, or other	Signed statement from student
Other		Signed statement from student
If you have any questions regarding faid@govst.edu.		ontact our office at (708) 534-4480 or  /ARNING: If you purposely give false or
Student Signature mis		isleading information on this worksheet, you apy be fined, be sentenced to jail, or both.