

Date

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172

www.govst.edu/finaid

2020-2021 Income Verification Form Dependent Student

1. Please check any applicable boxes below 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	he None
Other untaxed income (such as worker's compensation, disabili etc.)	ty, 2018 Benefit Statement
Social Security Benefits (SSB)/Supplemental Security Income (S	SSI) 2018 Benefit Statement
Child support received for ALL children in the household (do no include foster care/adoption payments)	 Any of the following: Cancelled checks Receipts Signed statement from person paying child support
SNAP Benefits	2018 Benefit Statement
Parent(s) live with another family member/friend	Signed statement from student
Financial Support from friends, family, or other	Signed statement from student
Other	Signed statement from student