



# Verification Supplement 2009-2010

Enrollment Services • Financial Aid Office  
One College Park, Decatur, Illinois 62521  
Phone: (217) 875-7211, Ext. 274  
Fax (217) 875-7783

Must be completed by the applicant:

Must be completed by the parent(s) of:

**Complete all the items checked below** to determine eligibility for federal and/or state financial aid and to verify the information on your Student Aid Report.

List below the total amount and sources of all **Taxable Income** you (and your spouse, if married) received in 2008 that **will not** be reported on a tax return **nor** can be verified by an agency, check stubs, or other documentation such as temporary, part-time work not reported by W-2s:

Source _____	Amount received in 2008	\$ _____
Source _____	Amount received in 2008	\$ _____
Source _____	Amount received in 2008	\$ _____

List the in-kind support you (and your spouse, if married) received and place a dollar value on the support in the space below:

Source	Dollar Value Received in 2008	Source	Dollar Value Received in 2008
Food .....	\$ _____	Other Living Allowances .....	\$ _____
Room/Housing .....	\$ _____	Cash Payments (Support) .....	\$ _____
Transportation .....	\$ _____	Medical/Dental Expenses .....	\$ _____
Clothing .....	\$ _____	Other .....	\$ _____
		<b>Total .....</b>	<b>\$ _____</b>

Explain why you (and your spouse, if married) had little or no income in 2008 and how you were able to support yourself and/or your family:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**Certification:** I/We certify that all the information on this form and on the 2009-2010 **Student Aid Report** is true and correct.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_