

2017-2018 Illinois Promise Verification Form



Office of Student Financial Aid
University of Illinois at Urbana-Champaign
620 East John Street – MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

Student Name: _____ UIN: _____
Last First MI (University Identification Number)

After an initial review of your financial aid file we have determined that you may meet the criteria to be a part of the Illinois Promise program and would like to request additional documentation for further review. Please complete this form and return it to our office. The University of Illinois at Urbana-Champaign is committed to providing access to quality education for high achieving students from all backgrounds. Illinois Promise began in Fall 2005 to ensure the affordability of higher education for students from the lowest income levels. Illinois Promise does not provide funding for summer classes.

This form must be submitted and verification completed by no later than Friday, September 1, 2017 to be considered for Illinois Promise (Friday, January 19, 2018 for new transfer students admitted for the Spring 2018 term).

Review Eligibility Criteria - Illinois Promise students must meet all of the following initial criteria in order to be considered:

- Parent(s) and student must be Illinois residents
- Student must be under the age of 24 and admitted as a new freshman or new transfer student
- Expected Family Contribution (EFC) determined through the FAFSA (Free Application for Federal Student Aid) must equal \$0
- Total family income must be at or below the federal poverty level, and adjusted gross income must not be negative
- Total family assets must be less than \$50,000
- Enrolled at least 12 hours during fall or spring semesters

The following information is requested solely for Illinois Promise review purposes. If you do not wish to provide this information, if you do not want to be considered for the Illinois Promise Program, or if you believe you do not meet the eligibility criteria, please check this box. Please then sign page 2 and return this form to our office.

Sources of Income – Please provide information for the student and parent(s) included on the FAFSA and use yearly amounts received to complete this form and do not leave any answer blank. If you did not receive any income from one or more of the sources, please answer “None” or “Zero.”

Type of Income in 2015	Student Total	Parent Total
Total Gross Wages, Salaries, Tips, etc. (full-time or part-time) (IRS 1040 Line 7):	\$ /year	\$ /year
Total Gross Business Income (or loss) (IRS 1040 Line 12, Schedule C):	\$ /year	\$ /year
Total Gross Farm Income (or loss) (IRS 1040 Line 18, Schedule F):	\$ /year	\$ /year
Unemployment benefits and worker assistance, including unemployment insurance and any associated dependent allowances	\$ /year	\$ /year
Other untaxed income (such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits):	\$ /year	\$ /year
Total Rental Real Estate, Royalties, Partnerships, S Corporations, Trusts, etc. (IRS 1040 Line 17, Schedule E):	\$ /year	\$ /year
Taxable Interest (IRS 1040 Line 8a, Schedule B):	\$ /year	\$ /year
Capital Gain (or loss) (IRS 1040 Line 13, Schedule D):	\$ /year	\$ /year
Social Security Benefits (SSB)/ Supplemental Security Income (SSI):	\$ /year	\$ /year
Miscellaneous investments:	\$ /year	\$ /year
Payments to tax-deferred pension/retirement savings plans (e.g., 401(k) or 403(b) plans):	\$ /year	\$ /year
Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps), Welfare/Temporary Assistance to Needy Families (TANF):	\$ /year	\$ /year
Child support and spousal maintenance received for ALL members of the household:	\$ /year	\$ /year
Money received or paid on your behalf (e.g., bills), including financial support from friends, relatives, etc. (please specify):	\$ /year	\$ /year

