2020-2021
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.

Both pages of this form must be submitted and verification completed by no later than Friday, August 28, 2020 to be considered for Illinois Promise (Friday, January 15, 2021 for new transfer students admitted for the Spring 2021 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 have graduated from an Illinois high school
- 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.”

*If amounts are reported in the following boxes below, you must attach the referenced schedule from your 2018 Federal Tax Return.

<table>
<thead>
<tr>
<th>Type of Income in 2018</th>
<th>Student Total</th>
<th>Parent Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Gross Wages, Salaries, Tips, etc. (full-time or part-time) (IRS 1040, Line 1):</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
<tr>
<td>*Total Gross Business Income (or loss) (IRS 1040, Attach Schedule C or C-EZ):</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
<tr>
<td>*Total Gross Farm Income (or loss) (IRS 1040, Attach Schedule F):</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
<tr>
<td>Unemployment benefits and worker assistance, including unemployment insurance and any associated dependent allowances (Schedule 1, line 19)</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
<tr>
<td>Other untaxed income (such as workers’ compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts, Railroad Retirement Benefits (from IRS Form 1040 Schedule 1-Line 25, etc.):</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
<tr>
<td>*Total Rental Real Estate, Royalties, Partnerships, S Corporations, Trusts, etc. (Attach Schedule E):</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
<tr>
<td>*Taxable Interest (IRS 1040 Line 2b):</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
<tr>
<td>*Capital Gain (or loss) (IRS 1040- Schedule 1, Line 13, Attach Schedule D):</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
<tr>
<td>Social Security Benefits (SSB)/ Supplemental Security Income (SSI):</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
<tr>
<td>Payments to tax-deferred pension/retirement savings plans (e.g., 401(k) or 403(b) plans:</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps), Welfare/Temporary Assistance to Needy Families (TANF):</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
<tr>
<td>Child support and spousal maintenance received for ALL members of the household:</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
<tr>
<td>Money received or paid on your behalf (e.g., bills), including financial support from friends, relatives, etc. (please specify):</td>
<td>$ /year</td>
<td>$ /year</td>
</tr>
</tbody>
</table>

CONTINUED ON NEXT PAGE ➔
Please calculate the costs of housing, utilities, and food for your parent's household in 2018.

<table>
<thead>
<tr>
<th>Total 2018 Housing costs:</th>
<th>Total 2018 Utilities costs:</th>
<th>Total 2018 Food costs:</th>
<th>Total 2018 costs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$_________________ /year</td>
<td>$_________________ /year</td>
<td>$_________________ /year</td>
<td>= $_________________ /year</td>
</tr>
</tbody>
</table>

Please list in detail how 2018 total household costs were paid and indicate the amount received from each source. If more space is needed to explain, attach a signed statement with the student's name and UIN. Please include if housing was paid through Section 8, including total rent costs and duration of time.

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Please list in detail and provide an explanation for any tax write offs (e.g., business expenses or losses, exemptions, deductions, credits) which resulted in a reduction of AGI in 2018, including farm expenses and/or losses. If more space is needed to explain, attach a signed statement with the student's name and UIN.

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Please list in detail any support you received from a non-custodial parent or family member that is not reflected elsewhere on this form.

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Are you currently or have you ever been in the Illinois Department of Children & Family Services foster care system?

☐ Yes  ☐ No

I certify that ALL of the information on this form is complete and correct.

Student Signature __________________________ Date _________________________

Parent Signature (Required for dependent students) __________________________ Date _________________________

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Completed documents should be uploaded directly to UI-Integrate Self-Service. For instructions on how to access and upload documents please visit https://osfa.illinois.edu/DocumentUpload. Be sure to include your name and UIN on all documents uploaded. After you have uploaded your documents, you may confirm receipt within 3 business days at https://osfa.illinois.edu/process/checking-your-status. If you have any questions, please visit our website www.osfa.illinois.edu, contact a member of our counseling staff at (217) 333-0100 or email finaid@illinois.edu. Please do not email documents to this email address.