

**2020-2021
Guardianship 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)

The Office of Student Financial Aid has received your Free Application for Federal Student Aid (FAFSA) and has determined that additional information is needed before we can determine your financial aid eligibility.

- **Please submit your permanent legal guardianship documentation from a court in your state of legal residence.**
- This Guardianship Form is only applicable if you are in a permanent guardianship. If you are not in a permanent guardianship or have received this form in error, please contact our office immediately. You will also need to go online to make the correction at www.fafsa.ed.gov, have your parents provide their information, and sign with all FSA IDs required.
- Please review and respond to the following questions as soon as possible. **Please print clearly and answer all questions.**
- The Office of Student Financial Aid may require additional information in addition to this form.

Check here if you do **not** wish to answer the questions below. Please sign this form and submit it to our office.
You will not be considered for need-based Institutional funding.

1. Please check which of the following factors contributed to the decision to seek appointment of a legal guardian for you (additional supporting information may be required):

- Financial inability of parents to pay
 Enhancement of financial aid opportunities
 Death or disability of parents
 Personal reasons (estranged, neglect, abandonment, abuse)

Other (please explain): _____

2. Do you have contact with parent(s)? Yes No

3. How much financial support do you currently receive from your parents each week (lunch money, clothing, entertainment, etc.)? \$ _____ / week

4. Do you have a car that is available for your use? Yes No

If yes, who pays for your gas and car insurance? _____

5. Who pays your cell phone bill? _____

6. Who do you currently live with? _____

7. What is your current address? _____
Street City State Zip

8. Who pays for your health insurance? _____

9. Were you claimed as a dependent on your parent or someone else's Federal Tax Return in 2018? Yes No

If yes, please provide the name and relationship of the person that claimed you:

Name Relationship

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

Student Signature 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.**