



2020-2021 Guardianship Additional Information 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 Guardianship Form and additional information is needed before we can determine your eligibility for need-based institutional financial aid. This Guardianship Additional Information Form is only applicable if you have indicated 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.**

- 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.**

Parental information must be taken into consideration. Consequently, you must provide a signed copy of your parent(s)/stepparent's 2018 signed Federal Tax Return and Schedules 1, 2, and 3.

- I have attached signed copies of my parent(s)/stepparent's 2018 Federal Tax Return and Schedules 1, 2, and 3.

If parent(s)/stepparent's 2018 Federal Tax Return is not attached, please indicate the reason in the box(es) below.

- My parent(s) is not required to file a 2018 Federal U.S. or Foreign Income Tax Return.
- My parent's spouse (if married) is not required to file a 2018 Federal U.S. or Foreign Income Tax Return.

Complete parent section below. Please do not leave any answer blank.

Parent(s)/Stepparent Information	Amount
Number in Household:	
Number in College:	
Liquid Assets (Cash, Savings, Checking):	\$
Net Worth of Business or Farm:	\$
Net Worth of Other Investments:	\$
2018 Untaxed Income:	\$
2018 Income Exclusions:	\$

By signing this form we confirm that all information is complete and accurate.

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

Student Signature Date

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.**