

800 West Main Street Whitewater, WI 53190 www.uww.edu/financialaid p 262-472-1130 f 262-472-5655 uwwfao@uww.edu

2023-2024 VERIFICATION OF SUPPORT WORKSHEET

On the Free Application for Federal Student Aid (FAFSA), you indicated that you have a child that receives more than half their support from you. The Financial Aid Office must verify that your child receives more than half of their financial support from you and not from others, such as your parents or the child's other parent. In order to verify this, we need more information from you. Please complete the following worksheet and return it to the Financial Aid Office. (Note that if the only qualifying reason for which you are considered Independent is that you have a child who receives more than half of their financial support from you and you still live with and are supported financially by your parents, you will be required to include parental information on the FAFSA.)

Student Name:	udent Name:		Student ID#:	
Last	Fir	st MI		
Address:			Own R	ent; Monthly Rent \$
Street Address				· · · ·
			Is thi	s subsidized housing? 🗌 Y 🗌 N
City	State	Zip		
List everyone living at the abov	e address in t	he spaces provided below.	If you need more	room, please attach a separate
sheet of paper.				
Name	Age	Relationship to Student	Attending	Name of College/Occupation
			College?	
			□Y □ N	
			Y N	
			Y N	
 Please indicate if you receive st Food Stamps Special Supplemental Nutri Temporary Assistance for N Badger Care or other medic Daycare assistance Other, please list: I do not receive any support 	tion Program eedy Families al assistance	for Women, Infants, and Ch s (TANF)	-	
Do you receive child support? Yes, if yes, list amount rece No, if not, please indicate w		; amount	for 2022	
Are you currently employed?	·	yes, what is your monthly in	come?	
If applicable, who claimed the of applicable, who claimed the of applicable, who claimed the other of the other ot	child on 2021 child on 2022	taxes? Explain why taxes? Explain why		
Who provides insurance for the	e child?			
How is your child cared for whi	le you attend	classes/work? If he/she att	ends daycare, ple	ase indicate the name and cost



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Please provide any other relevant information documenting you how you provide more than half of your child's financial support in the space provided, or attach a separate sheet of paper:

By signing this worksheet, I certify that all the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. Note: We may request additional documentation if we have reason to believe any of the information on this form is inaccurate.

Student Signature