

UNIVERSITY OF WISCONSIN-WHITEWATER

2010-2011 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 you are the main provider for your child, not 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.

Student Name: _____ ID#: _____
Last First MI

Address: _____ Own Rent; Monthly Rent \$ _____
Street Address

_____ Is this subsidized housing? Y N
City State Zip

List everyone living at the above address in the spaces provided below. If you need more room, please attach a separate sheet of paper.

Name	Age	Relationship to Student	Attending College?	Name of College/Occupation
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	

Please indicate if you receive state assistance from any of the following programs:

- Food Stamps
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Temporary Assistance for Needy Families (TANF)
- BadgerCare or other medical assistance
- Daycare assistance
- Other, please list: _____
- I do not receive any support from the state

Do you receive child support?
 Yes, if yes, list amount received in 2009 _____; projected amount for 2010 _____
 N, if not please indicate why: _____

Are you currently employed? Y N; If yes, what is your monthly income? _____

If applicable who claimed the child on 2009 taxes? Explain why. _____

Who provides insurance for the child? _____

How is your child cared for while you attend classes/work? If he/she attends daycare, please indicate the name and cost of the daycare. _____

Please provide any other relevant information in the spaces provided, or attach a separate sheet of paper:

 Signature Date

Return to: Financial Aid Office
 800 W Main St
 Whitewater, WI 53190
 Fax: (262)472-5655