## 2020-2021 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 Information

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Student Name: ___________________________</th>
<th>Student ID#: ____________________________</th>
</tr>
</thead>
</table>

### Address

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Own</th>
<th>Rent</th>
<th>Monthly Rent $</th>
<th>Address: _____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Own; Rent; Monthly Rent $ _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Is this subsidized housing?</th>
<th>N  N</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Student</th>
<th>Attending College?</th>
<th>Name of College/Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

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 2018 ____________; amount for 2019 ____________
- [ ] No, 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 2018 taxes? Explain why. ___________________________

If applicable, who claimed the child on 2019 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 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 ___________________________ Date ___________________________