

Financial Aid Office

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

2021-2022 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:			Student ID#:					
Last	Fir	st MI						
Address:				Own \square R	ent; Monthly Rent \$			
Street Address				_	· · · · · · · · · · · · · · · · · · ·			
				Is this	s subsidized housing? Ty Ty			
City	State	State Zip			-			
List everyone living at the ab	ove address in t	he spaces provided belov	w. If you	need more	room, please attach a separate			
sheet of paper.		,						
Name	Age	Relationship to Student		Attending Name of College/Occupat				
			(College?				
			L	Y				
				Y				
			[Y				
☐ Temporary Assistance fo☐ Badger Care or other me☐ Daycare assistance☐ Other, please list:☐ I do not receive any support Yes, if yes, list amount receive and support Yes, if yes, list amount receive and support Yes, if yes, list amount receive child support Yes, if yes, list amount receive support Yes, if yes, list amount receive child support Yes, if yes, list amount receive yes.	oort from the sta	te	nt for 202	20				
No, if not, please indicate								
Are you currently employed	?	yes, what is your monthly	income?					
If applicable, who claimed the	ne child on 2019	taxes? Explain why.						
If applicable, who claimed the	ne child on 2020	tavaan Evalaia vuku						
Who provides insurance for	the child?							
How is your child cared for vof the daycare.	vhile you attend	classes/work? If he/she	attends d	aycare, ple	ase indicate the name and cost			



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Please provide any other relevant support in the space provided,	ant information documer or attach a separate she	nting you how you pro et of paper:	ovide more than half of yo	our child's financial
By signing this worksheet, I cer false or misleading information additional documentation if w	on this worksheet, you	may be fined, senten	ced to jail, or both. Note:	We may request
			_	
Student Signature	D	ate		