



2026-2027 VERIFICATION OF SUPPORT WORKSHEET

On the Free Application for Federal Student Aid (FAFSA), you indicated that you have a child or other dependent that receives more than half their support from you. The Financial Aid Office must verify that your child/dependent 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 First MI

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

City State Zip

Is this subsidized housing? ☐ Y ☐ N

List everyone living at the above address in the spaces provided below. If you need more room, please attach a separate sheet of paper. Please provide a copy of your child's birth certificate.

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)
☐ Badger Care 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 2024 _____; amount for 2024 _____
☐ 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 2024 taxes? Explain why. _____

If applicable, who claimed the child on 2024 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. _____



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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Student Signature

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