

## 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: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Student ID#: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this subsidized housing?  Y  N

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. \_\_\_\_\_



University of Wisconsin  
**Whitewater**

## Financial Aid Office

800 West Main Street  
Whitewater, WI 53190  
[www.uww.edu/financialaid](http://www.uww.edu/financialaid)  
p 262-472-1130 f 262-472-5655  
[uwwfao@uww.edu](mailto:uwwfao@uww.edu)

Please provide any other relevant information documenting you how you provide more than half of your child's/dependent'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.**

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Student Signature

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Date