You have indicated on the 2023-2024 FAFSA that you have children and/or legal dependents who will receive more than half of their support from you, now and through June 30, 2024. Complete, sign, and return this form with documentation. Incomplete forms may not be processed. Note: If we have reason to believe that the information reported on this form is not accurate, we will require additional documentation.

A. Student Information

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>M.I.</th>
<th>USI Student ID number (SSN if ID number is unknown)</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Address (include apt. no.)</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>Phone number (include area code)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

B. Questions Regarding Income and Support

1. Do you now have or will you have children who will receive more than half of their financial support from you between July 1, 2023 and June 30, 2024?
   - Yes
   - No

   If YES, provide the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

2. Do you have legal dependents (other than children or a spouse) who live with you and will receive more than half of their financial support from you?
   - Yes
   - No

   If YES, provide the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to You</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

3. Are you living with your parent, family member, guardian or another person?
   - Yes
   - No

   If YES, provide the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

4. Do your children/legal dependents live in the same household as you?
   - Yes
   - No

   If NO, provide the name and relationship of the person they live with:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

5. Are you paying for child care for your children/legal dependents?
   - Yes
   - No

   If YES, provide the following information:

   Monthly amount of child care: ________________________________

   Are you receiving child care assistance/vouchers/waivers?
   - Yes
   - No

   Monthly value of child care assistance/vouchers/waivers: ________________________________

6. Are you paying for medical coverage for your children/legal dependents?
   - Yes
   - No

   If YES, provide the following information:

   Estimated monthly amount of medical expenses: ________________________________

   Are you receiving Medicaid/Medicare?
   - Yes
   - No
7. Are you paying for food/clothing for your children/legal dependents?  
   - [ ] Yes  
   - [ ] No  
   If YES, provide the following information:  
   Estimated monthly amount of food/clothing for your children/legal dependents: ____________  
   Are you receiving WIC/Food Stamps/TANF/State Benefits?  
   - [ ] Yes  
   - [ ] No  
   Estimated monthly value of WIC/Food Stamps/TANF/State Benefits: ____________

8. Are you receiving child support for your children/legal dependents?  
   - [ ] Yes  
   - [ ] No  
   If YES, provide the following information:  
   Monthly amount of child support received in 2021? ____________________________  
   Current monthly amount of child support received? ____________________________

9. Are you paying child support for your children/legal dependents due to divorce/separation/legal requirement?  
   - [ ] Yes  
   - [ ] No  
   If YES, provide the following information:  
   Monthly amount of child support you paid in 2021? ____________________________  
   Current monthly amount of child support you pay? ____________________________

10. Is anyone, other than yourself, providing financial support for your children/legal dependents?  
    - [ ] Yes  
    - [ ] No  
    If YES, provide the following information:  
    Name/Relationship of person(s) who provided the support: ____________________  
    Estimated monthly amount of financial support received in 2021? _____________  
    Current estimated monthly amount of financial support you receive? ____________

11. Did you claim your children/legal dependents on your most recent Federal Tax Return?  
    - [ ] Yes  
    - [ ] No  
    If NO, provide the following information:  
    | Name of person who claimed your children/legal dependents | Relationship to You | Tax Year |
    |----------------------------------------------------------|---------------------|---------|
    |                                                          |                     |         |

12. A. Have you been employed during 2023 and/or 2024  
    - [ ] Yes  
    - [ ] No  
    B. Are you currently employed?  
    - [ ] Yes  
    - [ ] No  
    If YES, provide the following information and submit a copy of your last paystub from each employer in 2023-2024: (When providing your dates of employment be sure to include a start date for all employers and an end date for those employers you no longer work for.)  
    | Employer | Dates of Employment (month/year) | Estimated Monthly Earnings |
    |----------|---------------------------------|---------------------------|
    |          |                                 |                           |

13. Are your legal dependents currently employed or were they employed at any time in 2023 and/or 2024?  
    - [ ] Yes  
    - [ ] No  
    If your children/legal dependents are over the age of 18, provide a copy of their most recent W-2s AND a signed copy of their most recent federal tax return (or Verification of Non-Filing) obtained directly from the IRS.

C. Certification and Signature(s)

**Typed/Electronic signatures are NOT accepted**

By signing this worksheet, I certify that all of the information reported to qualify for federal and /or state student financial assistance is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.

__________________________________________  
Student Signature  

__________________________________________  
Date