



Student Financial Assistance
 8600 University Boulevard
 Evansville, IN 47712
 Phone: 812-464-1767 or 800-467-1965
 Fax: 812-461-5305 / Email: finaid@usi.edu

2021-2022 Proof of Dependent Support Worksheet

You have indicated on the 2021-2022 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, 2022. 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

_____	_____	_____	_____
Last name	First name	M.I.	USI Student ID number (SSN if ID number is unknown)
_____			_____
Address (include apt. no.)			Date of birth
_____	_____	_____	_____
City	State	Zip code	Phone number (include area code)

B. Questions Regarding Income and Support

<p>1. Do you now have or will you have children who will receive more than half of their support from you between July 1, 2021 and June 30, 2022?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, provide the following information:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Date of Birth							
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<p>2. Do you have legal dependents (other than children or a spouse) who live with you and will receive more than half of their support from you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, provide the following information:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship to You</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Relationship to You	Date of Birth						
Name	Relationship to You	Date of Birth								
<p>3. Are you living with your parent, family member, guardian or another person?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, provide the following information:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship to You</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Relationship to You							
Name	Relationship to You									
<p>4. Do your children/legal dependents live in the same household as you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If NO, provide the name and relationship of the person they live with:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship to You</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Relationship to You							
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<p>5. Are you paying for child care for your children/legal dependents?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, provide the following information:</p> <p>Monthly amount of child care: _____</p> <p>Are you receiving child care assistance/vouchers/waivers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Monthly value of child care assistance/vouchers/waivers: _____</p>									
<p>6. Are you paying for medical coverage for your children/legal dependents?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, provide the following information:</p> <p>Estimated monthly amount of medical expenses: _____</p> <p>Are you receiving Medicaid/Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>									

<p>7. Are you paying for food/clothing for your children/legal dependents?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, provide the following information:</p> <p>Estimated monthly amount of food/clothing for your children/legal dependents: _____</p> <p>Are you receiving WIC/Food Stamps/TANF/State Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Estimated monthly value of WIC/Food Stamps/TANF/State Benefits: _____</p>												
<p>8. Are you receiving child support for your children/legal dependents?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, provide the following information:</p> <p>Monthly amount of child support received in 2019? _____</p> <p>Current monthly amount of child support received? _____</p>												
<p>9. Are you paying child support for your children/legal dependents due to divorce/separation/legal requirement?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, provide the following information:</p> <p>Monthly amount of child support you paid in 2019? _____</p> <p>Current monthly amount of child support you pay? _____</p>												
<p>10. Is anyone, other than yourself, providing financial support for your children/legal dependents?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, provide the following information:</p> <p>Name/Relationship of person(s) who provided the support: _____</p> <p>Estimated monthly amount of financial support received in 2019? _____</p> <p>Current estimated monthly amount of financial support you receive? _____</p>												
<p>11. Did you claim your children/legal dependents on your most recent Federal Tax Return?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If NO, provide the following information:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Name of person who claimed your children/legal dependents</th> <th style="width: 20%;">Relationship to You</th> <th style="width: 20%;">Tax Year</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of person who claimed your children/legal dependents	Relationship to You	Tax Year									
Name of person who claimed your children/legal dependents	Relationship to You	Tax Year											
<p>12. Were you employed at any time in 2021, are you currently employed, or do you plan to be employed between July 1, 2021 and June 30, 2022?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, provide the following information and submit a copy of your last paystub from each employer: (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.)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Employer</th> <th style="width: 40%;">Dates of Employment (month/year)</th> <th style="width: 30%;">Estimated Monthly Earnings</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Employer	Dates of Employment (month/year)	Estimated Monthly Earnings									
Employer	Dates of Employment (month/year)	Estimated Monthly Earnings											
<p>13. Are your legal dependents currently employed or do they plan to be employed between July 1, 2021 and June 30, 2022?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>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.</p>												

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