



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

2026-2027 Verification Worksheet

A. Student Information

Last Name	First Name	M.I.	USI Student ID number (SSN if ID is unknown)
Mailing Address			Phone Number (include area code)

B. Family Information

Check the box that indicates your dependency status (according to FAFSA) AND complete the table below:

Dependent Student*

*A student is dependent if he/she was required to provide parental data on the FAFSA.

List below the people in the parents' family. Include:

- ✓ The student.
- ✓ The parents (including a stepparent) even if the student doesn't live with the parents. ***NEW* In the cases of divorce/separation the process for determining the correct parent(s) for FAFSA purposes has changed. Visit <https://studentaid.gov/help/who-is-parent> for details.**
- ✓ The parents' dependent children if they live with the individual now and the individual will provide more than half of their support between July 1, 2026, and June 30, 2027. (Include dependent children who live apart due to college enrollment. Do not include unborn children.)
- ✓ Other dependents, if they live with the individual now and the individual will provide more than half of their support between July 1, 2026, and June 30, 2027.

Independent Student**

**A student is independent if he/she was not required to provide parental data on the FAFSA. For more information about dependency status visit <https://studentaid.gov/apply-for-aid/fafsa/filling-out/dependency>.

List below the people in the student's family. Include:

- ✓ The student.
- ✓ The student's spouse if the student is married.
- ✓ The student's or spouse's dependent children if they live with the individual now and the individual will provide more than half of their support between July 1, 2026, and June 30, 2027. (Include dependent children who live apart due to college enrollment. Do not include unborn children.)
- ✓ Other dependents, if they live with the individual now and the individual will provide more than half of their support between July 1, 2026, and June 30, 2027.

Full Name of Family Members	Age	Relationship to Student
		Self

C. Certification and Signature(s)

Typed/Electronic signatures are NOT accepted

I hereby certify that all information reported on this worksheet is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for Federal and State student aid may be jeopardized. **Note:** Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney.

Student Signature (Required)	Date	Parent Signature *	Date
		(Required if the student is dependent according to FAFSA)	