



2024-2025 Proof of Dependent Support Worksheet

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

You have indicated on the 2024-2025 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, 2025. 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 children who live with you and will receive more than half of their financial support from you between July 1, 2024 and June 30, 2025?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>If YES, provide the following information:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Date of Birth</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table> | Name | Date of Birth | | | | | | | |
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| 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 receive more than half of their financial support from you?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>If YES, provide the following information:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Relationship to You</th> <th style="width: 40%;">Date of Birth</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </tbody> </table> | Name | Relationship to You | Date of Birth | | | | | | |
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| <p>3. Are you living with your parent, family member, guardian or another person?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>If YES, provide the following information:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Relationship to You</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table> | Name | Relationship to You | | | | | | | |
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| <p>4. Do your children/legal dependents live in the same household as you?</p> <p style="text-align: center;"><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" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Relationship to You</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </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 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 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 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 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? _____</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 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>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 | | | | | | | | | | | | |
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| <p>12. A. Have you been employed during 2024 and/or 2025?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Are you currently employed?</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 in 2024 and 2025: (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> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Employer | Dates of Employment (month/year) | Estimated Monthly Earnings | | | | | | | | | | | | |
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| <p>13. Are your legal dependents currently employed or were they employed during 2024 and/or 2025?</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