



# 2025-2026 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 2025-2026 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, 2026. 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, 2025 and June 30, 2026?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>If <b>YES</b>, 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> </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 (<b>other than children or a spouse</b>) 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 <b>YES</b>, 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> </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 style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>If <b>YES</b>, 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> </td><td> </td></tr> <tr><td> </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 <b>NO</b>, 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> </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 style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>If <b>YES</b>, 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 <b>YES</b>, 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 <b>YES</b>, 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 <b>receiving</b> child support for your children/legal dependents?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>If <b>YES</b>, provide the following information:</p> <p>Monthly amount of child support received? _____</p>												
<p>9. Are you <b>paying</b> 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 <b>YES</b>, 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 <b>YES</b>, 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 <b>NO</b>, 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. A. Have you been employed during 2025 and/or 2026?</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 <b>YES</b>, provide the following information <b>and submit a copy of your last paystub from each employer in 2025 and 2026</b>: (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 were they employed during 2025 and/or 2026?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p><b>If your children/legal dependents are over the age of 18</b>, 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