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

2023-2024 Child Support Worksheet

This form is used to verify potential conflicting data reported on your 2023-2024 FAFSA. <u>Do not leave sections blank. If the response should be \$0,</u>

t Name	First Name				ID number (SSN if	ID is unknown)
CHame	rischaine	This Name Will			ib Hamber (5514 II	15 to unknown,
one Number (include area code)				Date of Birth		
Child Support PAID Informati	on					
ist below the names of the pers nd ages of the children for who hild.						
o NOT report 2021 Child Su	ıpport Paid for children tl	nat you reported	<u>in your housel</u>	hold on FAF	<u>SA.</u>	
Name of Person Who Paid Child Support	Name of Per Whom Child Supp		Name of Child for Whom Support Was Paid		n Age of Child	Annual Amount of Child Support PAID in 2021 for each child
_						
ist below the names of the per RECEIVED, and the total annual Report Child Support Receiv	amount of child support tha	at was RECEIVED in	_		or whom the ch	ild support was
Name of Person Who Received Child Support		Name of Child for Whom Support Was Received		Age of Child	Annual Amount of Child Support RECEIVED in 2021 for each child	
Certification and Signature(s)						
Certification and Signature(s) yped/Electronic signatures are	e NOT accepted					
Certification and Signature(s) yped/Electronic signatures are ach person signing this form ce	e NOT accepted ertifies that all the information			orrect. Warn	ing: If you purpe	osely give false or
Certification and Signature(s) Typed/Electronic signatures are Each person signing this form centile and the signature on this	e NOT accepted ertifies that all the information			orrect. Warn	ing: If you purpo	osely give false or

(Required if you are dependent according to FAFSA)