

## Financial Aid Office

800 West Main Street Whitewater, WI 53190 www.uww.edu/financialaid p 262-472-1130 f 262-472-5655 uwwfao@uww.edu

## 2024-2025 VERIFICATION WORKSHEET - DEPENDENT STUDENT

Student Name:		Student ID#:			
Last	First		MI		
Home Address:				Phone:	
Street	City	State	ZIP Code	Home Number	
Your application has been selected for refamily members in your household that y parent's household. If you need help determined the parent's household.	ou reported on the FAFSA	are accurate.	Use the tables l	below to list the members of <u>you</u>	
List yourself					
FULL NAME	DATE OF BIR	ΓΗ (mm-da	І-уууу)	COLLEGE	
				UW-Whitewater	
List the parent(s) of record that you in	ncluded as a contributo	r on the FAFS	$A^1$		
FULL NAME	DATE OF BIR			RELATIONSHIP TO STUDENT	
<sup>1</sup> If your biological parents live in the same	haveahald list hath ave	:f +h			
<sup>1</sup> If your parents are <u>divorced</u> , please pro- immediately preceding the date you sign <sup>1</sup> If your divorced parent was <b>remarried</b> as did not file joint tax returns in 2022.	ned your FAFSA.	·		-	
List other members of your parent(s)	of record houseold <sup>2</sup>				
FULL NAME	DATE OF BIR	ΓΗ (mm-da	<i>l-yyyy)</i> F	RELATIONSHIP TO STUDENT	
<sup>2</sup> List the other children of the parents list	ed on the EAESA and above	a even if they	don't live with y	your parents if (a) your parents wil	
provide more than half of their support in parental information when completing a 2 List other people if they now live with parental will continue to provide more than half if you need more space, you may write of By signing this worksheet, we certify that misleading information on this worksheet documentation if we have reason to beli	from July 1, 2024 through 2024-2025 FAFSA. rent(s) listed on the FAFSA alf of their support from Juon the back of this form.  all the information reported, you may be fined, senten	June 30, 2025 and above if yoly 1, 2024 thro ed on it is composed to jail, or be	, or (b) the child our parents prov ugh June 30, 20 olete and correct ooth. <b>Note: We</b>	dren would be required to provide vide more than half of their suppor 25. ct. If you purposely give false or	
Student Signature (typed signatures are not acceptable)			 Date		
Parent Signature <i>At least one parent must sign</i> (typed signatures are not acceptable)			 Date		