

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 your need help determined by the parent's household. If you need help determined help determine	ou reported on the FAFSA	are accurate.	Use the tables	below to list the members of you	
List yourself					
FULL NAME	DATE OF BIR	TH (mm-da	<i>l-yyyy)</i>	COLLEGE	
				UW-Whitewater	
List the parent(s) of record that you i	ncluded as a contributo	r on the FAFS	A^1		
FULL NAME	DATE OF BIR			RELATIONSHIP TO STUDENT	
¹ If your divorced parent was remarried as did not file joint tax returns in 2022. List other members of your PARENTIAL FORCE OF STATE OF 	_			RELATIONSHIP TO STUDENT	
² List the other children of the parents list provide more than half of their support	from July 1, 2024 through				
parental information when completing a ² List other people if they now live with pa and will continue to provide more than h ² 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 believe to the complete that the significant is the significant of the complete that the significant is the significant of the significant is the significant of the significant of the significant is the significant of	rent(s) listed on the FAFSA alf of their support from Ju on the back of this form. all the information reporte t, you may be fined, senter	ly 1, 2024 thro ed on it is comp need to jail, or b	ugh June 30, 20 plete and correctooth. Note: We	ot. If you purposely give false or	
Student Signature (typed signatures are not acceptable)			Date		
Parent Signature At least one parent must sign (typed signatures are not acceptable)			Date		