

## 2022-2023 Child Support Worksheet

Financial Assistance 8600 University Boulevard Evansville, IN 47712 Phone: 812-464-1767 or 800-467-1965

Fax: 812-461-5305 / Email: finaid@usi.edu

This form is used to verify potential conflicting data reported on your 2022-2023 FAFSA. <u>Do not leave sections blank. If the response should be \$0, enter \$0 or NA. Incomplete forms will not be processed!</u>

Student Information						
: Name	First Name		M.I.	USI Student ID number (SSN if ID is unknown)		
ne Number (include area code)				Date of Birth	 1	
Child Support PAID Information						
ist below the names of the person and ages of the children for whom hild.						
o NOT report 2020 Child Supp	ort Paid for childre	n that you report	<u>ted in your house</u>	hold on FAF	SA.	
Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid		Name of Child for Whom Support Was Paid		m Age of Child	Annual Amount o Child Support PAID in 2020 for each child
_						
Child Support RECEIVED Informa						
ist below the names of the persor RECEIVED, and the total annual am Report Child Support Received	nount of child support	that was <b>RECEIVE</b>	_		or whom the child	d support was
Name of Person Who		Name of Child for Whom		Age of		
Received Child Support		Support Was Received		Child	Child RECEIVED in 2020 for each child	
Contification and Cinnet we(a) (T.		turne our NOT core	الممغيين			
Certification and Signature(s) (Ty Each person signing this form certinised in this wo	fies that all the inforn	nation reported on	it is complete and	correct. <b>Warr</b>	ning: If you purpos	sely give false or
ident Signature (Required) Date			Parent Signature *		according to FAFS.	Date