



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

Complete this form only if your marriage date was prior to your first day of attendance during the 2022-2023 academic year. If your marriage date was after your first day of attendance during the academic year you are not eligible for an override and you are considered dependent for FAFSA purposes for the academic year.

Note: Application does not guarantee approval.

☐ Copy of your marriage certificate

☐ Student **signed copy of 2020 Federal Tax Return (Form 1040 AND applicable Schedules 1, 2 and/or 3)**

☐ Spouse **signed copy of 2020 Federal Tax Return (Form 1040 AND applicable Schedules 1, 2 and/or 3)**

Read carefully and attach all required documentation. Incomplete forms will not be processed!

Last name		First name	M.I.	USI Student ID number (SSN if ID is unknown)	
Address (include apt. no.)			City	State	Zip code
Phone number (include area code)					
Full name of spouse				Date of marriage	

- Yourself
- Your spouse
- Your dependent children, if you will provide more than half of their support from July 1, 2022 – June 30, 2023.
- Other people ONLY if they now live with you, you provide more than half of their support, and will continue the support from July 1, 2022 - June 30, 2023.

[illegible]

Student Name: _____ USI ID #: _____

C. STUDENT/SPOUSE Tax Filing Status and Income Information

1. Student Tax Filing Status

<input type="checkbox"/> Yes <input type="checkbox"/> No		Did you file, or will you file, a 2020 Federal IRS Tax Return?
If yes...		Continue to Section D.
If no...	1. Did you, the student, work in 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. List below your sources of Income/Support (e.g. Employer's name, Disability Benefits, etc.) Students who received total support from parent(s) should write 'TSFP' below.	Annual Total for 2020

2. Spouse Tax Filing Status

<input type="checkbox"/> Yes <input type="checkbox"/> No		Did your spouse file, or will your spouse file a 2020 Federal IRS Tax Return?
If yes...		Continue to Section D.
If no...	1. Did your spouse work in 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. List below your spouse's sources of Income/Support (e.g. Employer's name, Disability Benefits, etc.)	Annual Total for 2020

D. Certification and Signature(s) (Typed/Electronic signatures are NOT accepted)

I hereby certify that all information provided is true and complete to the best of my knowledge. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Student Signature (Required)	Date
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Spouse _____ Date _____