

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

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

Your FAFSA was selected for a process called verification. By law, before disbursing Federal and State Student Aid, we must compare your FAFSA with the information on this worksheet and with any other required documents. We may ask for additional information. This process may result in corrections to your FAFSA and could affect federal or state eligibility.

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

A. Student Information			
ist Name	First Name	M.I.	USI Student ID number (SSN if ID is unknown)
none Number (include area code)			Date of Birth
3. Household Members and Nu	mber in College		
heck the box that indicates you	r current status (according to FAFSA) ANI	complete the	e table below:
Dependent Student*		☐ Inde	pendent Student**
*A student is dependent if he/she was required to provide parental data on the FAFSA.		**A student is independent if he/she was not required to provide parental data on the FAFSA.	
List below the people in the	e <u>parents' household</u> . Include	List l	below the people in the <u>student's household</u> . Include:
doesn't live with the par ✓ The parents' other child than half of their suppor 2023, or if they would b information if they were	stepparent) even if the student rents. ren if the parents will provide more reform July 1, 2022, through June 30, re required to provide parental recompleting a FAFSA for 2022-2023. The provide with the parents and the man half of that person's support and	✓ ✓ ✓	The student. The student's spouse, if the student is married. The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2022, through June 30, 2023. Other people if they now live with the student and the student or spouse provides more than half of the other person's support and will continue to provide more than hal of that person's support through June 30, 2023.

Full Name of Household Members	Age	Relationship to Student	Is the household member attending college <u>at least half-time</u> in a degree, diploma, or certificate program now or any time between July 1, 2022, and June 30, 2023?
		Self	University of Southern Indiana
			□ No □ Yes, name of college:
			No Yes, name of college:
			No Yes, name of college:
			No Yes, name of college:
			No Yes, name of college:
			□ No □ Yes, name of college:

	USI ID #:					
Student/Spouse	Tax Filing Status and Income Information					
ı (the student) n	ust indicate whether or not you filed a tax return and follow the instructions accordingly.					
Yes 🗖 No	Did you file (and your spouse if you are married), 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?	☐ Yes ☐ 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				
Yes No						
yes	Did your parent(s) file or do they intend to file a 2020 Federal Tax Return? [This refers to the parenthis form.] Continue to Section E.					
	this form.]					
If no	this form.] Continue to Section E.	nt(s) listed on the front of				
	this form.] Continue to Section E. 1. Did your parent(s) work in 2020? 2. List below your parent(s)' sources of Income/Support (e.g. Employer's name, Disability	Yes No				
	this form.] Continue to Section E. 1. Did your parent(s) work in 2020? 2. List below your parent(s)' sources of Income/Support (e.g. Employer's name, Disability	Yes No				
<mark>If no</mark>	Continue to Section E. 1. Did your parent(s) work in 2020? 2. List below your parent(s)' sources of Income/Support (e.g. Employer's name, Disability Benefits, etc.)	Yes No				
<mark>If no</mark>	this form.] Continue to Section E. 1. Did your parent(s) work in 2020? 2. List below your parent(s)' sources of Income/Support (e.g. Employer's name, Disability	Yes No				
If no Certification and	Continue to Section E. 1. Did your parent(s) work in 2020? 2. List below your parent(s)' sources of Income/Support (e.g. Employer's name, Disability Benefits, etc.)	Yes No Annual Total for 2020				