University of Illinois Springfield – Office of Financial Assistance

One University Plaza, MS UHB 1015 -- Springfield, Illinois 62703-5407 -- Phone: (217) 206-6724 https://www.uis.edu/cost-aid/financial-aid

2022-2023 Dependent Child(ren) Verification Form

For Priority Processing Submit Form within 15 business days

Section A – Student Information (Please print clearly)

Last Name First Name	M.	M.I.					
Street Address	City	City Sta		Zip C	Code		
We have received information from your 2022-2023 spouse. So that we may continue processing your f Section B –Dependent Child(ren) Ve	inancial aid application,						
Return this original form to our office 1. On your FAFSA, (Question 50 child as a dependent on your 2) you indicate that	t you h	ave a depen	•	children. Did you claim this		
 If "Yes," please If "No," continue 2. Will this child (these children) r from July 1, 2022 through June	e to Question 2. reside with you Al			more than ha			
 If "Yes," please provide the formation 	ollowing information f their support. This	docum	entation could		ch documentation that you of rent or mortgage payments,		
Name of Dependent	Relationship to you	Age	Does this person live with you all year?		Was this person claimed on your 2020 U.S. Federal Income Tax Return? If Yes, you must submit your 2020 Federal Tax Return Transcript.		
				Yes	□ Yes		
				No	D No		
				Yes	□ Yes		
				No	□ No		
				Yes			
				No	□ No		
3. If "No," you must resubmit you	ur FAFSA as a de	epende	nt student in	cluding your p	parents' income.		

Section C – Student Signature

IMPORTANT: Upload this form and supporting documentation to Enterprise Self-Service Student Requirements under the Financial Aid tab. When submitting documentation:

- 1. Have legible copies made on 8 $\frac{1}{2}$ x 11 paper.
- 2. Have UIN clearly printed within the boxes below.
- 3. Have all appropriate signatures.

I certify that the information provided on this form and any attachments are true and correct.

Student Signature			Date	 					
	ENTER	YOUR 9-DIGIT UIN	\rightarrow						
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