ILLINOIS STATE UNIVERSITY
Illinois' first public university

2028

Verification of Support for Child(ren) or Other(s) Form 2027-2028

Student Name _____ Student ISU UID _____

You indicated on your Free Application for Federal Student Aid (FAFSA) that you have a **dependent child(ren) or other people (excluding a spouse)** who live with you and who receive more than half their support from you, now through June 30, 2028.

To determine if a child(ren) or other people (excluding a spouse) should be considered your dependent, they **must** physically reside with you, and you must pay more than half of their expenses and will continue to do so through June 30, 2028. If this is the case, please complete the remainder of this form and provide a copy of the requested documentation. If they are NOT physically residing with you, **and** you are NOT paying more than half their expenses and/or will not continue to do so through June 30, 2028, please contact the Financial Aid Office. It will be necessary to make corrections to your FAFSA application.

Depending on your situation, please review the information below and check either Option 1 for Dependent Child(ren) or Option 2 for Dependent Other (excluding a spouse) and then please use one of the following options to submit this form and supporting document(s) to our office:

- Upload your completed documents at: my.illinoisstate.edu
- FAX to: (309) 438-3755
- Mail to: Financial Aid Office, Campus Box 2320, Normal, IL 61790-2320

If you have questions about completing this form, please call the Illinois State University Financial Aid Office at (309) 438-2231 or e-mail financialaid@IllinoisState.edu.

Option 1 Dependent Child(ren)

☐ Check this box to confirm your child(ren) reside with you **AND** you will provide more than half their support from July 1, 2027 through June 30, 2028.

☐ I will provide a copy of my child(ren) birth certificate with this completed form for review.

Option 2 Dependent Other (excluding a spouse)

☐ Check this box to confirm that another person resides with you **AND** you will provide more than half their support from July 1, 2027 through June 30, 2028.

☐ I will complete the chart below **and** provide proof of support including copies of my rental lease/mortgage statement and my most recent physically signed federal tax form or most current paystub for review.

Dependents Name	Relationship to You

By signing this worksheet, I certify that all the information reported here to qualify for federal student aid is complete and correct. A signature must be completed in black ink or via a stylus on an electronic device.

Student Physical Signature _____ Date