

Student Last Name _____

VU ID# (or last 4 of SSN) _____

E. Parent Household Information (cont.) [You may be asked for proof of support provided by parent(s).]

- 2. **Your Siblings.** List any sibling(s) who will live with **and** receive **more than half** of their support from the parent(s), reported in E1, from **July 1, 2025 to June 30, 2026**, or, if your sibling would be required to provide parent information on the 2025-2026 FAFSA. Attach extra pages if necessary.
- 3. **Others.** List other persons if they will live with your parent(s) from **July 1, 2025 to June 30, 2026 and** will receive **more than half** of their support from the parent(s), reported in E1, during this 12-month period. Attach extra pages if necessary. Proof of parental support maybe requested as a follow-up to your responses.
- 4. **CHECK HERE IF THERE ARE NO SIBLINGS OR OTHERS LIVING IN YOUR PARENT’S HOUSEHOLD AS DEFINED IN E2 OR E3 ABOVE:**

Full Name of Person Who Meets E2 or E3 Criteria	Age	Relationship to Student	Primary Residence Will be With Parent (7/2025 to 6/2026)? Yes or No	This Person is Employed at least 30 Hrs/Week? Yes or No	Name of College This Person Will Attend AT LEAST HALF TIME Fall 2025 and/or Spring 2026 (Enter "None" if not applicable)	Type of Degree Program During Fall 2025 and/or Spring 2026 (Associate, Bachelors, Masters, PhD, etc.)

F. Child Support Received in 2023 [You may be asked for proof from the courts to support your answers in this section.]

- 1. Report information below for any member of parent’s household who received child support payments in 2023 (attach additional sheet if needed):
- 2. **CHECK HERE IF NO ONE IN YOUR HOUSEHOLD RECEIVED CHILD SUPPORT IN 2023:** (Be prepared to submit agency or court records upon request)

Name of Household Member Who Received Child Support	Name(s) of Children for Whom Child Support was Paid	Amount of Support Received in 2023

G. Sign this Worksheet

By signing this worksheet, we certify that the information reported is complete and correct. I will report any changes promptly. (The student and at least one FAFSA* parent must sign this form.)

Student signature

Date

Parent signature

Date

[*must be a parent whose financial data (income, assets) is reported on the 2025-26 FAFSA]

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.

Return this form to: Financial Aid Office – Viterbo University 900 Viterbo Drive La Crosse, WI 54601
Email: FinancialAid@viterbo.edu (to submit form and questions) Phone: (608) 796-3900