



2026-2027 Verification Worksheet

Student Name _____ Student ID _____
Contact Number _____

Your FAFSA was selected by the U.S. Department of Education for a review process called “Verification.” Federal law states that we have the right to ask for this information. Your application will be considered **incomplete** until each section is complete and all required documents and signatures have been received by the Office of Student Financial Aid and Scholarships. If there are differences between your application information and this document, corrections may need to be made to your Student Aid Report (SAR).

**Additional information may be requested. Please provide the requested documentation as quickly as possible to avoid delays with your financial aid package.

1. As part of federal student aid eligibility, contributors will be required to consent and approve sharing and importing income and tax information from the IRS to the FAFSA form.
2. If Step 1 is not available or could not be used, you may order a Tax Return Transcript from the Internal Revenue Service online at irs.gov/individuals/get-transcript. Obtain 2024 Federal IRS Tax Return Transcripts for yourself and your spouse if married. If you are not married and have provided parent information, including that of your step-parent, you will need to request their 2024 IRS Tax Return Transcripts as well. You may also submit a signed copy of your 2024 Form 1040. The entire 1040 must be submitted along with Schedules 1, 2, and 3.
3. Complete and sign this worksheet.
4. Upload requested information via your mySFA.
5. Review your mySFA on a regular basis to see if further information has been requested. Submit that information in a timely manner.

FAMILY SIZE INFORMATION

List all people in the household in the space(s) below.

DEPENDENT STUDENTS: List names of all persons in your parent(s) household even if you are not living with them. Include yourself, your parents, stepparent (if applicable), and their other children (even if they do not live with your parents) if your parents will provide MORE THAN HALF of their support from July 1, 2026 through June 30, 2027. Also include other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue that support through June 30, 2027. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.

INDEPENDENT STUDENTS: List names of all persons in your household. Include yourself, your spouse and all children (even if they do not live with you) if you will provide MORE THAN HALF of their support from July 1, 2026 through June 30, 2027. Also include other people if you provide MORE THAN HALF of their support and will continue to provide MORE THAN HALF of their support through June 30, 2027.

Name of Each Household Member (Include student and spouse if married, parents, children, others as applicable*)	Age	Relationship to Student
		Self

Check this box if there are more than six (6) household members, and continue to list these members on the reverse side.

*The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the student/parent could claim as a dependent on a U.S. tax return if the student/parent were to file a U.S tax return at the time of completing the 2026-2027 FAFSA. As a result, the student/parent should not include any unborn children in the family size.

Source of Income: COMPLETE EITHER SECTION 1 OR SECTION 2 (for student and parent)

Section 1. Tax Return Filer Information

Contributors are required to consent and approve sharing and importing income and tax information from the IRS to the FAFSA form. Please complete the following:

Student and/or Spouse

Parents

___ Check here if your tax data was transferred from the IRS.

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___ Check here if you are submitting a copy of your IRS Tax Return Transcript or a signed copy of your 2024 Form 1040. You must Submit the entire Form 1040, including Schedules 1, 2, and 3.

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Section 2. Nontax Filer Income Information

Complete this section if the student and spouse (if married) and parent(s) (if dependent), are **not** required to file a 2024 Tax Return.

Student and/or Spouse

Parents

___ Check here if the student and/ or spouse were not employed, had no income earned from work in 2024, and were not required to file a tax return. Do not complete the table below.

___ Check here if the parent(s) were not employed, had no income earned from work in 2024, and were not required to file a tax return. Do not complete the table below.

___ Check here if the student and/ or spouse did work but did not file. Complete the tables below, and attach all 2024 W-2's. If Self-Employed, Self-submit a signed statement certifying amount of Adjusted Gross Income earned and Income Tax paid for 2024.

___ Check here if the parent(s) did work but did not file. Complete the tables below, and attach all 2024 W-2's. If Employed, submit a signed statement certifying amount of Adjusted Gross Income earned and Income Tax paid for 2024.

Nontax Filers Complete the Tables Below:

Please list all employers, the amount earned from each employer, and whether an IRS form W2 was issued for the 2024 tax year. List every employer even if the employer did not issue an IRS W2 form. [If more space is needed, provide a separate page with your name and ID number at the top.]

Employer's Name	IRS W2 or an Equivalent Document Provided?	Student/Spouse Annual Amount Earned in 2024	Parent Annual Amount Earned in 2024

Please list any additional sources of income or resources for the 2024 tax year. [If more space is needed, provide a separate page with your name and ID number at the top.]

Source of Income	Student/Spouse Annual Amount in 2024	Parent Annual Amount in 2024

****Confirmation of non-filing status is required for independent students and/or spouse, and parents and/or step-parents. You must submit an IRS Verification of Non-Filing Letter for tax year 2024 whether or not you were employed.**

Signatures

By signing this form, I (we) certify that all of the information reported on this worksheet is complete and true. **Electronic signatures will not be accepted.**

Student Signature _____

Date _____

Parent Signature _____

Date _____

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

All sections must be completed. If not, the document will be considered incomplete and will not be reviewed.