

# V5-DEPENDENT

**VERIFICATION WORKSHEET** 



#### PERSONALLY IDENTIFIABLE INFORMATION



Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact STUDENT FINANCIAL SERVICES as soon as possible so that your financial aid will not be delayed.

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#### DEPENDENT STUDENT'S INFORMATION

Student's Last Name	Student's First Name	Student's M.I.
Student's Address		
City	State	Zip Code
'		'
Student's Home Phone N		

Student's Identification (ID) Number
Student's Date of Birth
Student's Email Address
Student's Alternate or Cell Phone Number



## DEPENDENT STUDENT'S FAMILY INFORMATION

List below the people in your parent(s)' household. Include:

- A.- Yourself
- B.- Your parents (including a stepparent) even if you do not live with your parents.
- C.- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2026 through June 30, 2027, or if the other children would be required to provide parental information if they were completing a FAFSA for 2026-2027. Include children who meet either of these standards, even if they do not live with your parent(s).
- D.- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2027.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2026, and June 30, 2027. If more space is needed, attach a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	Will be Enrolled at Least Half Time in College?	College
Missy Jones (example)	18	Sister	Yes	Central University
		Self		

Note: We may require additional documentation to verify the information regarding the household members enrolled in eligible post secondary educational institutions.

### **A.- TAX RETURN FILERS**

Complete this section if the parents or student filed or will file a 2024 income tax return. The best way to verify income is by allowing the FAFSA to retrieve FEDERAL TAX INFORMATION [FTI] from the Internal Revenue Service [IRS]. Each CONTRIBUTOR [Student and Parent[s]] must give consent for this information to be retrieved by FAFSA. In most cases, no further documentation is needed to verify 2024 IRS income tax return information that was transferred into your FAFSA if that information was not changed.

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PARENT(S			STODENT		
The parents have to the FAFSA on	e transfered 2024 Tax I the Web.	nformation		e have transfered 2024 the FAFSA on the Web.	
2024 Tax Inform to the student's	unable or choose not to nation, and the parent w school a copy of the RS Tax Return Transcrip e tax return.	vill submit	2024 Tax Informa school a copy of th	unable or choose not to tr tion, and will submit to th ne my 2024 IRS Tax Retu igned income tax return.	ie
The student and/or pare	ent(s), not filing in 20 k on "Get a Tax Tran	24, must provide co script," create an acc	nd are not required to file pies of 2024 W-2's and ount, then select "Verifica	submit proof of non-fi	ling from the II
Parent's Employer's Name	Annual Amount earned in 2024	W-2 Provided?	Student's Employer's Name	Annual Amount earned in 2024	W-2 Provided
Parent's Employer's	Annual Amount earned in	W-2	Employer's	Amount earned in	W-2 Provided
Parent's Employer's	Annual Amount earned in	W-2	Employer's	Amount earned in	=
Parent's Employer's Name  CERTIFICATION ANI	Annual Amount earned in 2024	W-2 Provided?	Employer's Name	Amount earned in 2024	–
Parent's Employer's Name  CERTIFICATION ANI	Annual Amount earned in 2024  D SIGNATURES this worksheet certifie	W-2 Provided?	Employer's	Amount earned in 2024	–

**Date** 

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to Student Financial Services at SOUTHWESTERN ADVENTIST UNIVERSITY.

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

Parent's Signature