## 2026-2027 Verification Worksheet Dependent Student

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 reported on your FAFSA. To verify that you provided correct information, the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

| A.   | Dependent Student's   | Information          |                |  |                                 |  |  |  |
|--|---|----------------------|----------------|--|---------------------------------|--|--|--|
|  | Student's Last Name   | Student's First Name | Student's M.I. | Student's Social Security Number                   |                                 |  |  |  |
|  | Student's Street Address (include apt. no.)   |                      |                | Student's Date of Birth                            |                                 |  |  |  |
|  | City  | State                | Zip Code       | Student's Email Address                            |                                 |  |  |  |
|  | Student's Home Phone Number (include area code)   |                      |                | Student's Alternate or Cell Phone Number           |                                 |  |  |  |
|  | Verification of 2024 Income Information for Student Nontax Filers  (If the student filed taxes, please skip to the next page) |                      |                |  |                                 |  |  |  |
| Con  |   |                      |                | ent and spouse (if the set and are not required to |                                 |  |  |  |
| Che  | ck the box that appli   | es:                  |                |  |                                 |  |  |  |
|  | The student and spouse were not employed and had no income earned from work in 2024.  |                      |                |  |                                 |  |  |  |
| The student and/or spouse were employed in 2024 and have listed below the names of all employers, the amount earned from each employer in 2024, and whether an IRS W-2 form or an equivalent document is provided. [Provide copies of all 2024 IRS W-2 forms issued to the student and spouse by their employers List every employer even if the employer did not issue an IRS W-2 form. |   |                      |                |  |                                 |  |  |  |
|  | If more space is needed, provide a separate page with the student's name and ID number at the top.                            |                      |                |  |                                 |  |  |  |
|  | Е   | mployer's Name       |                | IRS W-2 or an<br>Equivalent Document<br>Provided?  | Annual Amount<br>Earned in 2024 |  |  |  |
|  | (Example) ABC's Auto  | o Body Shop          |                | Yes  | \$4,500.00                      |  |  |  |
|  |   |                      |                |  |                                 |  |  |  |
|  |   |                      |                |  |                                 |  |  |  |
|  |   | \$                   |                |  |                                 |  |  |  |

| ID number at the top.]   | Source of Income       |             | Annual Amount<br>Earned in 2024  |  |  |
|--|------------------------|-------------|--|--|--|
| (Example) R  | ental Property         |             | \$4,500.00   |  |  |
|  |                        |             |  |  |  |
|  | Total Amount of Income |             | \$   |  |  |
| Certification and Signature  Each person signing below cerverification documents submitted are complete and correct. |                        | information | WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both. |  |  |
| Print Student's Name   |                        | Stude       | ont's ID Number or SS #  |  |  |
| Print Student's Name   |                        | Stude       | ent's ID Number or SS #  |  |  |
| Student's Signature (Required)   |                        | Date        |  |  |  |

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at Waldorf University.

You should make a copy of this worksheet for your records.