

## 2025-2026 Verification Worksheet Independent Student

## **SECTION I – STUDENT IDENTIFICATION**

Please complete form in blue or black ink. Incomplete forms will not be accepted.

Your FAFSA application was selected for a review process called Verification, which is required under Federal Financial Aid program rules. In this process we will be comparing information from your FAFSA, this form, and data transferred from the Internal Revenue Service. Please carefully answer all questions and supply additional information as requested.

Please complete the verification requirements as soon as possible. Failure to complete verification will prevent processing of your financial aid.

Student Last Name First Name M.I Student ID#

Permanent Address (include Apt #) Date of Birth

City State Zip Home Phone Number Cell Phone Number

## **SECTION II – FAMILY SIZE**

Family Size includes the following:

- You and your spouse (if applicable)
- Your dependent children if the following are true:
  - They live with you (or live apart because of college enrollment);
  - o They receive more than half of their support from you; and
  - o They will receive more than half of their support from you from July 1, 2025 to June 30, 2026.
- Other persons if the following are true:
  - They live with you;
  - o They receive more than half of their support from you; and
  - They will receive more than half of their support from you from July 1, 2025 through June 30, 2026.

The provided criteria for "dependent children" and "other persons" align with the requirement that family size align with whom you could claim as a dependent on a U.S. tax return if you were to file a U.S. tax return at the time of completing the 2025-2026 FAFSA. As a result, you should not include any unborn children in the family size.

LIST THE NAME OF EACH HOUSEHOLD MEMBER (INCLUDING YOURSELF)	AGE	RELATIONSHIP TO YOU	NAME OF COLLEGE (if enrolled at least ½ time between July 2025-June 2026)
		Self	Marine Trades Institute

You must complete all boxes for each household member, including yourself.

If more space is needed, attach a separate page with your name and ID number at the top.

Check if:

You are still living in your parent's household

Someone else is providing your basic living expenses – Name/relationship

SECTION III – INCOME AND TAX	DOCUMENTATION - STU	<b>DENT A</b>	ND SPOUSE (IF	: APPLICABLE)			
<b>Important Note:</b> The instructions below apply to you and your spouse (if applicable). Notify the financial aid office if you or your spouse filed separate IRS income tax returns for 2023 or had a change in marital status after December 31, 2023.							
Select ONE of the following options dependent of the successfully Transferred — You Income and tax information was not 2023 Federal Tax Return with applicate 2023 Non-Tax Filer with NO Earnings not employed and had no income ear have not filed and are not required to 2023 Non-Tax Filer with Earnings — You dated statement certifying that you have chart below listing all employers (for your content of the successful of the	ou transferred your IRS tax info available for importing or coul ble schedules or your 2023 IRS — You did not complete a feder ned from work in 2023. Provide file a 2023 income tax return. ou did not complete a tax return ave not filed and are not requir	rmation d d not be I Tax Return al tax retue a signed h but had ed to file a	used – submit a sig Transcript. Irn for 2023. You ar and dated stateme earnings in 2023. P a 2023 income tax	ned copy of your  nd your spouse were ent certifying that you  Provide a signed and return. Complete the			
Employer's Name	IRS W-2 or an Equivalent Pro	vided?	Annual Amount Earned in 2023				
(example) ABC's Auto Body Shop	Yes		\$4,500.00				
				_			
Total	al Amount of Income Earned fro	2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$				
	ar Amount of income Earned in	om work	Ş				
Other Tax information:  Untaxed portions of IRA distributions \$ IRA rollover into another IRA or qualified plan \$  Untaxed portions of pensions \$ Pension rollover into an IRA or other qualified plan \$  Foreign Earned Income Exclusion \$							
SECTION IV – FEDERAL BENEFITS	□ N	one of th	ese apply to me.				
Someone in my household received the following Federal Benefits in 2023 and/or 2024. <i>Check all that apply.</i> Food Stamps (SNAP) If yes, indicate which year(s) benefits were received: 2023 2024  SSI Free/Reduced School Lunch Temp. Assistance for Needy Families (TANF)  Medicaid Federal Housing Assistance Refundable Credit for Coverage under a Qualified Health Plan (QHP)  WIC Earned Income Credit (EIC) on Federal Income Tax Form							
SECTION V – CHILD SUPPORT							
I and/or my spouse <u>received</u> child support in the last complete calendar year. Complete the following:							
Name(s)/age(s) of child(ren) for whom it	Name:	Age:	Name:	Age:			
was received:	Name:	Age:	Name:	Age:			
Total amount of child support received in	the last complete calendar yea	r:	\$	<u> </u>			
SECTION VI – CERTIFICATION AND SIGNATURE							
By signing this form, I certify that all of the Print Student's Name	ne above information is comple Student's Signature (required)		ate				
Print Spouse's Name (if applicable)	Spouse's Signature (if applicable)		Date				
If you or your spouse have experienced a significant change in your financial situation since 2023, you may be eligible for a re-evaluation due to Special Circumstances. Please contact the Financial Aid Office for more information.							
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.							
Return to: Marine Trades Institute, 485 S. Meridian Rd., Cedarville, MI 49719 You may upload this form through the Marine Trades Institute Student Portal: www.glbbs.empower-xl.com							