

2026-2027 Dependent Household/Verification Worksheet

Your 2026-27 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification". In this process, MIAD will compare your FAFSA with the information on this verification worksheet and with any other documents submitted. If there are differences, your FAFSA information may need to be corrected. The law requires completion of Verification before awarding and/or disbursing financial aid. You must complete and sign this verification worksheet, attach any required documents, and submit the form and other required documents to MIAD's Financial Aid Office within two weeks. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Student's Last Name Student's First Name Student's M.I. Student ID or Last 4 Digits of SSN

City State Zip Code Student's Email Address

Student's Home Phone Number (include area code)

Student's Alternate or Cell Phone Number

STUDENT'S FAMILY SIZE

STUDENT'S INFORMATION

Student's Street Address (include apt. no.)

Complete the table on the next page listing all the people in the family.

Include:

- Yourself (Student)
- Your parent(s)
 - o If your parents are married to each other, include both.
 - o If your parents are unmarried but live together, list both parents.
 - o If your parents are divorced or separated list the one that has provided more financial support over the past 12 months, regardless of who you live with.

Student's Date of Birth

- o If your parent from the above bullet point is remarried, include step-parent.
- Your parent(s)'s other dependent children if the following is true:
 - They live with the student's parent(s) or live apart only because of temporary absence, i.e. college enrollment,
 - They receive more than half of their support from the student's parent(s) and will continue to receive more than half their support from the student's parent(s) between July 1, 2026, and June 30, 2027.
- Other people if the following is true:
 - They live with the student's parent(s).
 - They receive more than half of their support from the student's parent(s) and will continue to receive more than half their support from the student's parent(s) between July 1, 2026, and June 30, 2027.

The provided criteria for "dependent children" and "other people" mirror the requirement that family size align with those the parent(s) could claim as a dependent on a U.S. federal tax return, if the parent(s) were to file a U.S. federal tax return at the time of completing the 2026-2027 FAFSA. As a result, any unborn children should not be included in the family size.

Student's Name:	Student ID or Last 4 Digits of SSN:		
Full Name	Age	Relationship	
Missy Jones (example)	18	Sister	
		Self	
If more space is needed, attach a separate page v	with the student's name at the top.		
DEPENDENT STUDENT'S INFORMAT	ION		
. Did you (the student) file a 2024 U.S. Federa			
. Dia you (the student) line a 2021 c.s. I edela	i 1010 tax letain.		
☐ Yes – Submit a SIGNED copy of you			
Financial Aid office requested it. <u>Ski</u> ☐ No – Complete question 2.	ip questions 2 and 3 and proceed to the	e Signature section.	
. Were you (the student) required to file a 202 information.	24 U.S. Federal 1040 tax return? See	IRS Tax Publication 17 for m	
☐ Yes – Complete and submit a SIGNI☐ No – Complete question 3.	ED copy of your 2024 federal 1040 ta	ex return and schedules 1 & 3.	
. Check all boxes that apply below: ☐ I, the student, was not employed and	had no income in 2024.		
	and have listed below the names of a ether IRS W-2 form, or equivalent do equivalent documents for earnings in	cumentation is provided.	
Name of Employer	Amount Earned	Required IRS W-2 or 1099 attached?	
	\$		
	\$		
	\$		
	\$		
Student's Total Income for 2024	\$		
 Only complete table if checked □ I, the student, had other income and income is listed below. 	the second box. If more space is needed, resources that supported me for the 2		
Source of Income		Amount Earned	
~ out co of Income	\$		
	\$		
	\$		
Student's Total Amount of other	r Income for 2024		

Only complete table if checked the third box. If more space is needed, attach a separate page.

dent's Name:	Student ID of	· Last 4 Dig	its of SSN:
UDENT'S PARENT INFORMATION			
Did you (the parents) file a 2024 U.S. Federal 1040 to ☐ Yes – Submit a SIGNED copy of your federa Financial Aid office requested it. Skip question ☐ No – Complete question 2.	al 2024 tax return a		
Were you (either parent) required to file a 2024 U.S. information. ☐ Yes – Complete and submit a SIGNED copy ☐ No – Complete question 3.			
Check all boxes that apply below: I/We, the parent(s) were not employed and have	ad no income in 20)24.	
☐ I/We, the parent(s), were employed in 2024 a amount earned from each employer, and whe provided. Provide copies of all 2024 W-2(s) of	ether IRS W-2 form	n, or equival	ent documentation is
Name of Employer	Amount Eari	ied	Required IRS W-2 or 1099 attached?
	\$		
	\$		
	\$		
	\$		
Parent's Total Income for 2024	\$		
Only complete table if checked the second box. If I/We, the parent(s) had other income and reso source of income is listed below.	_		ne 2024 tax year. Each
Source of Income			Amount Earned
		\$	
		\$	
		\$	
Parent's Total Amount of other Income for 2024 Only complete table if checked the third box. If more space is needed, attack		\$ 1.1 1	
ERTIFICATION AND SIGNATURES			posely give false or misleading
Each person signing this worksheet certifies that the information on this wo		orksheet, you may be fined, be	
information reported is complete and correct.	sentend	ed to jail, or b	oth.
The student and one parent must sign and date.	L		
Please note MIAD will <u>NOT</u> accept typed signatures	S.		
Student Signature Date			
Parent Signature	Date		