



## Verification Worksheet – V1 Dependent – 2026-2027

Your FAFSA application was randomly selected by the federal processor for a process called "verification." The law states that before awarding Federal Student Aid we may ask you to confirm the information you (and your spouse, if applicable) reported on your FAFSA. The Financial Aid Office will compare information from your FAFSA with your and your spouse's documents. Peninsula College may be required to correct your FAFSA if there are differences between your FAFSA and the documents you submit for verification.

### Required Steps and Instructions:

1. Complete all sections of this worksheet, including signatures, in blue or black ink. (We cannot accept pencil.) You **MUST** sign this worksheet. **Electronic signatures are not permitted.**
2. Submit this worksheet and any other required documents to the Financial Aid Office via regular mail (if using a notary), or in person (if not using a notary.) **Please do not send this completed form via email; the original signed form is required by the Financial Aid Office.** Do not submit this worksheet to the U.S. Department of Education.
3. **Incomplete worksheets will not be accepted.** These documents are **required** to complete your financial aid file and must be submitted prior to the quarterly deadline in order to be processed before the start of the quarter.

### Student Information:

Last Name	First Name	MI	SSN	Student ID Number
Email Address			Date of Birth	Phone Number

### Family Size:

**In the table below, include:**

- Yourself
- Your contributor(s) (whom you included on the FAFSA **even if you don't live with them**)
- Your contributor's dependent (under age 24) children, if they claimed them as dependents on their 2024 tax return.
- Other people who now live with your contributor(s), **and** your contributor(s) provide more than half of their support from July 1, 2026 through June 30, 2027 **AND/OR**
- Other people who would be considered as "dependent" based on the dependency status questions on the FAFSA (they could answer "no" to all dependency status questions)

List yourself first, then **all** family members as outlined above. If any family member will be attending college at least half time in a degree or certificate program, include the name of the college they will be attending. If you need more space, attach a separate page.

Full Name	Age	Relationship	If attending college from 07/01/26 – 06/30/27, college name
		Self	Peninsula College
		Contributor/Parent	

### Supplemental Nutrition Assistance Program (SNAP):

Did you, your contributor(s), or anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, at any time during the 2024 or 2025 calendar years?

Yes  No

## Student / Parent Contributor Income and Tax Information for 2024:

The FUTURE Act of 2019 requires the Department of Education to access the Federal Tax Information (FTI) of FAFSA applicants—and, where applicable, their contributors and spouses—through a secure method. **Students and contributors must provide their consent on the FAFSA for the exchange of FTI; it is now a requirement for receiving federal student aid, even if the student or contributors did not file taxes for that year or did not have income.**

If the student and/or contributors does not provide consent on the FAFSA for the transfer of their information from the IRS, the student will not be eligible for federal student aid until the necessary consent is provided. If you did not provide consent on the FAFSA and would like to, please [access your FAFSA application](#) to submit a correction to the application.

**Check the appropriate boxes below for Student AND for Contributor, if married.**

**To request a 2024 Tax Return Transcript, visit the [IRS webpage](#) or call 1-800-908-9946.**

## Student Tax Information for 2024:

Check the box that applies to you:

- I filed a 2024 Tax Return and my tax info linked to the FAFSA
- I filed an **Amended** (corrected) 2024 Tax Return. (Please submit your 2024 Tax Return Transcript and a signed copy of your 1040X Amended tax form.)
- I did not file a 2024 Tax Return **AND** did not have earnings in 2024.
- I had income earned in 2024 but did not file a 2024 Tax Return **AND** I am not required to file. (Please list your employer(s) and income earned in the table below and attach your W-2s for all earnings from 2024.)

Employer	W-2?	Earnings/Income
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$

## Parent Contributor Tax Information for 2024:

- My contributor(s) filed a 2024 Tax Return and their tax info linked to the FAFSA
- My contributor remarried **after** filing a 2024 Tax Return. (Please submit a 2024 Tax Return Transcript for both your contributor and their current spouse, and W-2 forms for both.)
- My contributor filed a joint Tax Return for 2024 with someone they are no longer married to. (**Please submit W-2 forms for 2024 for the parent included on the FAFSA.**)
- My contributor filed an **Amended** (corrected) 2024 Tax Return. (Please submit your contributor's 2024 Tax Return Transcript and a signed copy of their 1040X Amended tax form.)
- My contributor(s) did not file a 2024 Tax Return **AND** did not have earnings in 2024.
- My contributor(s) had income earned in 2024 but did not file a 2024 Tax Return **AND** is not required to file. (Please list your contributor's employer(s) and income earned below and attach W-2 forms for all earnings from 2024.)

Contributor's Employer	W-2?	Earnings/Income
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$

## Required Signature:

I affirm that the information provided in this worksheet and other financial aid documents is true and correct to the best of my knowledge. I agree that I have reviewed, understand and agree to the conditions, responsibilities and obligations in order to receive financial aid for the 2026-2027 academic year as stated in the Conditions of Award and Satisfactory Academic Progress Policy, available on the [Financial Aid website](#).

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_