

2026-2027 (V5) Dependent Student Verification Worksheet

Date: Trans. # SAI:

Banner/Verified:

Locked:

Your 2026–2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a verification process. 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 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 verification questions, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Dependent Student Information			
Student's Last Name	Student's First Name	Student's M.I.	Student's SFSC ID Number
Student's Street Address (include apt. no.)		Student's Date of Birth	
City	State	Zip Code	Student's Email Address
Student's Cell Phone Number	per (include area code)		Student's Alternate or Home Phone Number

Dependent Student's Family Information

Number of Household Members: List below the people in the parents' household. Include:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if they will provide more than half of the children's 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 a child does not live with the parents.
- Other people, if they now live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2027.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship
		Self

Dependent Student's Income Information to Be Verified			
Student Check the ONE that applies	Parents Check the ONE that applies		
The student has used the IRS DRT in FAFSA on the Web to transfer 2024 IRS income tax return information into the student's FAFSA.	Check the ONE that applies The parents <u>have used</u> the IRS DRT in <i>FAFSA</i> on the Web to transfer 2024 IRS income tax return information into the student's FAFSA		
The student is <u>unable or chooses not to use</u> the IRS DRT in <i>FAFSA on the Web</i> , and instead will provide the institution with a 2024 IRS Tax Return Transcript(s) or a signed copy of the 2024 income tax return or non-IRS income tax return and applicable schedules .	The parents are <u>unable or choose not to use</u> the IRS DRT in <i>FAFSA on the Web</i> , and instead will provide the institution with a 2024 IRS Tax Return Transcript(s) or a signed copy of the 2024 income tax return or non-IRS income tax return and applicable schedules		
The student was not employed and had no income earned from work in 2024.	 Neither parent was employed, and neither had earned income from work in 2024. One or both parents were employed in 2024 and did not file taxes. Provide copies of all 2024 IRS W-2 forms issued to the parent by their employers. Listed below are the names of all employers and the amount earned from each employer in 2024. List every employer, even if the employer did not issue an IRS W-2 form. 		
 The student was employed in 2024 and did not file taxes. 1. Provide copies of all 2024 IRS W-2 forms issued to the student by their employers. 2. Listed below are the names of all employers and the amount earned from each employer in 2024. List every employer, even if the employer did not issue an IRS W-2 form. 			
Employer's Name Annual Amount Earned in 2024	Employer's Name Employer's Name Earned in 2024 (Example) ABC's Auto Body Shop \$4,500.00		
(Example) ABC's Auto Body Shop \$4,500.00	(Example) ABC'S Auto Body Shop \$4,500.00		
Total Amount of Income Earned from Work If more space is needed, provide a separate page with the student's name and ID number at the top. The student has a 2024 Amended IRS income tax return, has a 2024 IRS tax extension, or was a victim of 2024 IRS tax-related identity theft.	Total Amount of Income Earned from Work If more space is needed, provide a separate page with the student's name and ID number at the top. One or both parents have a 2024 Amended IRS income tax return, have a 2024 IRS tax extension, or were a victim of 2024 IRS tax-related identity theft.		
	antia I intervad Income		

ID: _____

Student's Name:

Dependent Student's Untaxed Income			
2024 Untaxed Income	Student	Parents	
Payments to tax-deferred pension, retirement savings plans, IRA deductions, child support received, veteran's non-education benefits, other untaxed income, etc.	\$	\$	

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

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Student's Name:		ID:	
	Identity Statemer	nt .	
The student must appear in person at an unexpired valid government-issue state-issued ID, or passport. The institution with the date it was receive receive and review the student's ID.	ed photo identification (ID), s itution will maintain a copy o	such as, but no limited to driver's of the student's photo ID that is ar	s license, other nnotated by the
Certification and Signature:			
Each person signing below certifies complete and correct. The student and date.			
Student's Signature		Date	
Parent's Signature		Date	
I,	, certify that		appeared
(School Official)		Name of Student)	_ 11
before me in person on	and student provided a	(Name of Unexpired Valid Government	
SFSC Staff Member Signature (Requ	uired)	Date	_
If the student is unable to appear in p student schedule a zoom meeting wit			ntity, the
Video Call Option:			
On,(Date)	before me,	(FAO)	
	appeared on video ca	II (Zoom) and proved to me sa	itisfactory
(Name of Student)			•
evidence of identification(Type of unexpired government-issued photo prov			
(FAO signature)			
(Date)			

Please submit all documents to: SFSC Financial Aid Office 600 West College Drive, Building B, Avon Park, FL 33825 OR E-mail: FinAid@southflorida.edu

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Student's Name:	ID:	
	dentity Purpose I in the Presence of a Notary	
If the student is unable to appear in person at Sou student must provide to the institution:	uth Florida State College to verify his or her	identity, the
(a) A copy of the unexpired valid government-issu statement below, or that is presented to a nota issued ID, or passport.		
Notary's Certifi	icate of Acknowledgement	
State of	City/County of	
On, before me,	(Notary's name)	_,
personally appeared,(Printed name of signer)	, and proved to me	
basis of satisfactory evidence of identification	to be of unexpired government-issued photo ID provided)	b be
the above-named person who signed the foregoing	ng instrument.	
WITNESS my hand and official seal		

(seal)

(Notary signature)

(Date)

My commission expires on _____

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