



## VERIFICATION WORKSHEET FOR DEPENDENTS 2026-2027

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for a process called "Verification" by the U.S. Department of Education. Per Federal Regulation, we are required to confirm the information you reported on your FAFSA. We will compare the data on your FAFSA with the information on this worksheet and with any other required documents. If discrepancies are found, the Financial Aid Office may contact you for further clarification or additional documentation. The Financial Aid Office will correct your FAFSA information if necessary.

### INSTRUCTIONS

1. Complete all sections of this worksheet
2. You and the parent reported on your FAFSA must sign the certification on page 2 of this worksheet

### Section A: STUDENT'S INFORMATION

|                                  |               |               |
|----------------------------------|---------------|---------------|
|                                  |               |               |
| First Name                       | Last Name     | Last 4 of SS# |
|                                  |               |               |
| Phone Number (include area code) | Email Address |               |

### Section B: PARENT'S HOUSEHOLD INFORMATION

Please complete each column and include the names of all household members from **July 1, 2026-June 30, 2027** as defined below:

- Yourself
- Your parent(s), including stepparent(s), even if you do not currently live with your parents(s).
- Your parent's other children even if they do not currently live with your parent, if your parent(s) will provide more than half of their support, or if the children would be required to provide parental information when applying for Federal Student Aid.
- Other people, if they now live in the household of your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support between July 1, 2026-June 30, 2027

*If more space is needed, attach a separate page with student's name and the last 4 digits of the student's SSN at the top.*

| Full Name | Age | Relationship to Student |
|-----------|-----|-------------------------|
|           |     | Self                    |
|           |     |                         |
|           |     |                         |
|           |     |                         |
|           |     |                         |
|           |     |                         |
|           |     |                         |
|           |     |                         |
|           |     |                         |

Forms must be uploaded online at [Metro Tech Document Upload](#). We are unable to accept documents by email.

