

## 2025-2026 VERIFICATION INDEPENDENT STUDENT



|  | First Name  |                     | M.I.                  |            | Last Name                             |  |                |
|--|-------------|---------------------|-----------------------|------------|---------------------------------------|--|----------------|
| OR   |             |                     | (                     | )          | -                                     |  | FC25SPIW       |
| Student ID                                 |             |                     | of SSN                |            | Phone Number                          |  |                |
| OUSE INCOME I                              | FROM W      | ORK                 |                       |            |                                       |  |                |
| u must confirm that<br>propriate box below | your spou   | se has not filed ar | nd <b>is not re</b> d | uired to   | file a 2023 incor                     | me tax return by c   | hecking the    |
| My spouse has from work in 20              |             | and is not require  | ed to file a 2        | 2023 incor | ne tax return. M                      | y spouse had no  | income earne   |
| employers for i                            | ny spouse   | e, the amount ear   | ned from ea           | ch emplo   | yer in 2023, and                      | ed below are the r<br>whether an IRS V<br>not issue an IRS | V-2 form or an |
| → Attach co                                | pies of all | 2023 IRS W-2 Fo     | orms issued           | to your sp | oouse.                                |  |                |
| EMPLOYER'S NAME                            |             |                     |                       |            | IRS W-2 OR<br>EQUIVALENT<br>PROVIDED? | ANNUAL A   |                |
|  |             |                     |                       |            |                                       | \$   |                |
|  |             |                     |                       |            |                                       | \$   |                |
|  |             |                     |                       |            |                                       | \$   |                |
|  |             |                     |                       |            |                                       | \$   |                |
|  |             |                     |                       |            |                                       |  |                |
|  |             |                     |                       |            |                                       | \$   |                |
| If more spa                                | ace is nee  | ded, provide a se   | parate page           | with the s | student name an                       | \$ d ID number at th                                       | e top.         |
| If more spa                                |             |                     | parate page           | with the s | student name an                       |  | e top.         |
| ·  | ND SIGN     | ATURE               |                       |            |                                       |  | e top.         |

\* Must be an actual "wet" signature. A digital signature or typed font signature is not acceptable. This form may be completed and "wet" signed via a tablet or smartphone with PDF signing capability using a stylus pen. You may need to download an app to access this feature.

Mail, fax, email, or deliver the completed worksheet to the financial aid office using the contact information listed below.