

VERIFICATION WORKSHEET

Dependent

2026 - 2027

Your **2026–2027** Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we are required to ask you to confirm the information you reported on your FAFSA. To verify that you provided the correct information, the Office of Student Financial Assistance at The Catholic University of America will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent(contributor) must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to our office. Additional information may be requested.. If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

Review your To-Do List in Cardinal Students and your Missing Information Letter for additional required documents.

All documentation necessary to complete verification must be received at least 3 weeks prior to the end of the semester. Verification documents submitted after this date may not be able to be processed in time to award aid for the active term.

A. Student Information

Last Name	First Name	Middle Initial	Student University I.D.
-----------	------------	----------------	-------------------------

B. Family Size

List the people in your parent(s)' family size, including:

- The student.
- The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true from July 1, 2026 through June 30, 2027:
 - o They live with the student's parents (or live apart because of college enrollment),
 - o They receive more than half of their support from the student's parents, and
 - o They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true from July 1, 2026 through June 30, 2027:
 - o They live with the student's parents,
 - o They receive more than half of their support from the student's parents, and
 - o They will continue to receive more than half their support from the student's parents during the award year.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2026-2027 FAFSA. As a result, the parent should not include any unborn children in the family size.

Full Name	Age	Relationship
Stacy Cardinal (example)	29	Sister (example)

If you need more space, attach a separate page with the student's name and ID number at the top of the page.

C. Student's Income Information (Check the box that applies. Attach additional sheets as necessary.)

The **student filed taxes in 2024** and has consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer **2024** IRS income information into the student's FAFSA **OR** will provide the institution with a signed copy of the 2024 federal income tax return with all applicable tax schedules or the 2024 IRS Tax Return Transcript(s).

The student was **not employed** and had no income earned from work in **2024** **OR** the student was employed but was not required to file a **2024** federal tax return. **Provide the source of 2024 Earnings, Other Income, and Resources received in 2024. Enter 0 if you did not work. Submit supporting documents with this form.**

Employer's Name	IRS W-2 or Equivalent Document Provided?		Amount
	YES	NO	\$
	YES	NO	\$
TOTAL \$			

D. Parents' Income Information (Check the box that applies. Attach additional sheets as necessary.)

The **student's parent(s) filed taxes in 2024** has consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2024 IRS income information into the student's FAFSA **OR** will provide the institution with a signed copy of the 2024 federal income tax return with all applicable tax schedules or the 2024 IRS Tax Return Transcript(s).

The **student's parent(s) was not employed** and had no income earned from work in **2024** **OR** the student's parent was employed but was not required to file a 2024 federal tax return. **Provide the source of 2024 Earnings, Other Income, and Resources received in 2024. Enter 0 if you did not work. Submit supporting documents with this form.**

Employer's Name	IRS W-2 or Equivalent Document Provided?		Amount
	YES	NO	\$
	YES	NO	\$
TOTAL \$			

E. Sign this Worksheet

Each person signing this form certifies that all the information reported on it is complete and correct. The student and at least one parent (or the parent whose information is on the FAFSA) must sign and date this worksheet.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student _____ Date _____

Parent _____ Date _____

NOTE: SIGNATURES MUST BE HAND-GENERATED. COMPUTER FONTS ARE NOT ACCEPTABLE

USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:

MAIL or IN-PERSON	FAX	CARDINAL STATION
Student Financial Assistance Fr. O'Connell Hall, Suite M300 620 Michigan Avenue NE Washington, D.C. 20064	202-319-5573	financial-aid.catholic.edu/upload (requires student login)