

2025-2026 Verification WorksheetFederal Student Aid Programs College of Micronesia-FSM

DEPENDENT STUDENT Tracking Group

V5

Your 2025–2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called <u>verification</u>. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information we 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 must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the COM-FSM Financial Aid Office. If you have questions about verification, contact the nearest COM-FSM Financial Aid Office as soon as possible so that your financial aid will not be delayed.

A. Dependent Student's Information				
Student's Last Name	Student's First Name	Student' M.I	Student's SS/ID Number	
Student's Mailing Address (P.O Box City, State, Zip Code)			Student's Date of Birth	Home Phone

B. Dependent Student's Family Information

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

- Yourself and parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if the parent(s) will provide more than half of the children's support from July 1, 2025, through June 30, 2026, or if the other children would be required to provide parental information if they were completing a FAFSA for 2025–2026. Include children who meet either of these standards even if the children do not live with your parent(s).
- Other people if they now live with your parent(s) and the parent(s provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2026.

Number in College: Please include in the space below information about any household member, excluding the parents, who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2025, and June 30, 2026 , include the name of the college.

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

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
Missy Jones (example)	18	Sister	Central University	Yes
		Self		

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

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udent Name: SS/ID Number:		
C. Dependent <u>Student's Income</u> Information to Be Verified		
1. U.S TAX RETURN FILERS		
I, the student, completed a 2023 tax return. A copy is attached. If you did not file a	a tax return, complete Item #3 be	elow.
If more space is needed, attach a separate page with the student's name and Social Secur	rity Number at the top.	
Employer's Name	2023 Amount Earned	IRS W-2 Attached?
ABC Shipping (example)	\$1,280	Yes
Note: We may require you to provide documentation from the IRS that indicates a 2020 I	Rs income tax return was not filed	d with the IRS.
2. NON U.S TAX RETURN FILERS		
I, the student, completed a 2023 foreign tax return or a tax return with another topy is attached. If you did not file a tax return, complete Item #3 below.	J.S territory or one of the Freely A	Associated States (FAS). A
If more space is needed, attach a separate page with the student's name and Social Secur	ity Number at the top .	1
Employer's Name	2023 Amount Earned \$1.280	IRS W-2 Attached?
ABC Shipping (example)	\$1,200	TES
Note: We may require you to provide documentation from the IRS that indicates a 2023 I	Rs income tax return was not filed	d with the IRS.
3. TAX RETURN NONFILERS (including non-working) Complete this section if you did not return with the IRS or any other government agency.	file and is not required to file a 20	023 income tax
Check the box that applies: I, the student, was not employed and had no income	earned from work in 2023.	
I, the student, was employed in 2023 and has listed below the names of all emplowhether an IRS W-2/wage statement form is attached. Provide copies of all 2023 IRS W-2 List every employer even if they did not issue an IRS W-2/statement form.		
D. <u>Parent's Income</u> Information to Be Verified		
1. U.S TAX RETURN FILERS		
The student's, parent completed a 2023 tax return. A copy is attached. If the parent(s	s) did not file a tax return, comple	ete Item #3 below
If more space is needed, attach a separate page with the student's name and Social Secur	ity Number at the top.	
Employer's Name ABC Shipping (example)	2023 Amount Earned \$1,280	IRS W-2 Attached? Yes

Note: We may require you to provide documentation from the IRS that indicates a 2023 IRs income tax return was not filed with the IRS.

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Student Name:		
2. NON U.S TAX RETURN FILERS		
— The student's, parent completed a 2023 foreign tax return or a tax return copy is attached. If the parent(s) did not file a tax return, complete Item is		ne Freely Associated States. A
If more space is needed, attach a separate page with the student's name and Soc	ial Security Number at the top .	
Employed Nome	2022 Amount Found	IRS W-2
Employer's Name Pro Auto	\$980	Attached? Yes
Parent 1:	7500	763
Parent 2:		
Note: We may require you to provide documentation from the IRS that indicates	a 2023 IRs income tax return was not	filed with the IRS.
Check the box that applies: Neither parent was employed, and neither had income earned from work One or both parents were employed in 2023 and have listed below the r 2023, and whether an IRS W-2/wage statement form is provided. Provid parents by their employers. List every employer even if they did not issue an IRS	names of all employers, the amount ea le copies of all 2023 IRS W-2/wage sta	
E. Certification and Signatures		
Each person signing this worksheet certifies that all of the information reported WARNING: If you purposely give false or misleading Information on this worksland one parent must sign and date.		to jail, or both. The student
Student's Signature	Date	
Parent's Signature	Date	

Student Name:		SS/ID Number:
Section F. Identity and Statement	of Educational Purpose	
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This section is ONLY to be complete	d in person at the COM-FSI	M Financial Aid Office or front of a Notary
	Notary's Cer	tificate of Knowledge
State of	City/Country of	On
before me,(Netern Signature)	personally appeared	l, (printed name of signer)
(Notary Signature)		(printed name of signer)
and proved to me on basis of satisfactory evidence of identification		(Type of government-issued photo ID provided)
To be the above named person who sig	ned the foregoing instrument.	
WITNESS my hand and official seal	(Notary Signatur	(Onto Commission Environ)
	(Notary Signatui	re) (Date Commission Expires)
		(a. 1)
		(Seal)
F. Certification and Signatures		
		ted on it is complete and correct. WARNING: If you purposely give false or tenced to jail, or both. The student and one parent must sign and date.
Student's Signature		Date
Parent's Signature		Date

Student Name:		SS/ID Number:		
The student must appear in person at				
	(N	ame of Postsecondary Education Institution)		
issued ID, or passport. COM-FSM Financial was received and reviewed by Financial	cial Aid Office will mainta Aid. In addition, the stud ou cannot appear in pers	ed photo identification (ID), such as, but not limited to, a in a copy of the student's photo ID that is annotated by ent must sign, in the presence of a COM-FSM Financial on to sign this Statement of Education Purpose, you w urpose notarized by a public notary.	y the College with the date it Aid official, the Statement of	
	Stateme	nt of Educational Purpose		
I certify that I Printed Student'	am the individual signing this Statement of Educational Purpose and that the Printed Student's Name			
Federal student financial assistance I ma	ay receive will only be use	d for educational purposes and to pay the cost of atten	nding	
(Name of Postsecondary Education i	nstitution)			
Student's Signature	Date	Financial Aid Official's Signature	Date	