



2025-2026 Verification Worksheet Federal Student Aid Programs College of Micronesia-FSM

INDEPENDENT
STUDENT
Tracking Group
V5

Your 2025–2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. 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 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 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. Independent 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. Independent Student's Family Information

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

- Yourself
- Your spouse, if you are married
- Your children, if any, if you provide more than half of their support from July 1, 2025, through June 30, 2026, or if the child would be required to provide your information if they were completing a FAFSA for 2025–2026. Include children who meet either of these standards even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2026.

Write the names of all family members. Include the name of the college for any household member, excluding your parents, who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2025, and June 30, 2026 .

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		

07/31/2025

Submit this worksheet to COM-FSM Financial Aid Office. You should make a copy of this worksheet for your records

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Student Name: _____

SS/ID Number: _____

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.

C . Independent Student's Income 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 tax return, complete **Item #3** below.

If more space is needed, attach a separate page with the student's name and Social Security 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 2023 IRs income tax return was not filed 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 U.S territory or one of the Freely Associated States (FAS). A copy is attached. If you did not file a tax return, complete **Item #3** below.

If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

Employer's Name	2023 Amount Earned	IRS W-2 Attached?
ABC Shipping (example)	\$1,280	Yes
Student:		
Spouse:		

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.

3. TAX RETURN NONFILERS (including non-working) Complete this section if you did not file and is not required to file a 2023 income tax return with the IRS or any other government agency.

Check the box that applies:

- ☐ I, the student, (and, if married, the student's spouse) was not employed and had no income earned from work in 2023.
- ☐ I, the student, (and, if married, the student's spouse) was employed in 2023 and has listed below the names of all employers, the amount earned from each employer in 2023, and whether an IRS W-2/wage statement form is attached. Provide copies of all 2023 IRS W-2/wage statement forms issued to you (and, if married, the student's spouse) by employers. List every employer even if they did not issue an IRS W2/statement form.

Student Name: _____

SS/ID Number: _____

D. Independent Students’ Other Information to Be Verified

Complete this section if you or your spouse, if married, paid for child support in 2023.
Either I, or if married, my spouse who is listed in Section B of this worksheet, paid child support in 2023. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2023 for each child. If asked by my school, I will provide documentation of the payment of child support.

If you need more space, attach a separate page that includes the student’s name and Social Security Number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support	Amount of Child Support
Marty Jones	Chris Smith (example)	Terry Jones	\$6,000

12/03/2024 Submit this worksheet to COM-FSM Financial Aid Office. You should make a copy of this worksheet for your records.

E. Certification and Signatures

By signing this worksheet you certify that all of the information reported on it is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. The student must sign and date.**

Student’s Signature

Date

Spouse’s Signature (optional)

Date

F. Documentation of Identity/Statement of Educational Purpose

In order to complete the Verification process, you will need to appear in person at College of Micronesia-FSM and present your unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary Public)

If you are unable to appear in person at College of Micronesia-FSM to verify your identity, you must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Student Name: _____

SS/ID Number: _____

Notary's Certificate of Knowledge

State of _____ City/County of _____ on _____

before me, _____ personally appeared,
(Notary's Signature) (Printed Name of Signer)

and provided to me on basis of satisfactory evidence of identification _____
(Type of government issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(Notary Public Signature) / (Date commission expires)

(seal)

(G) Certification and Signatures

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

Each person signing below certifies that all of the information reported on this worksheet is complete and correct.

Print Student's Name

Student's ID Number

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date

Student Name: _____

SS/ID Number: _____

Statement of Educational Purpose

I certify that I, _____ am the individual signing this Statement of
(Print Student's Name)

Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending College of Micronesia-FSM.

Student's Signature and Date

Financial Aid Administrator Signature and Date

Student's ID Number