# UNIVERSITY of 2025-2026 Verification Worksheet DUBUQUE Federal Student Aid Programs

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, the financial aid administrator at your school 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 financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

## A. STUDENT'S PERSONAL INFORMATION

| Student's Last Name                             | Student's First Name | Student's M.I.                             | Student ID Number        |
|---|----------------------|--|--------------------------|
| Student's Street Address (include               | apt. #)              |  | Student's Date of Birth  |
| City  | State                | Zip Code                                   | Student's E-Mail Address |
| Student's Home Phone Number (include Area Code) |                      | Student's Alternative or Cell Phone Number |                          |

## **B. STUDENT'S INCOME INFORMATION**

| Student Filed Taxes   | Student Was Not Required to File Taxes  |            |  |  |
|---|---|------------|--|--|
| Complete this section if the student filed or will file a 2023 IRS income tax return.   | Complete this section if the student will not and is not required to file a 2023 income tax return with the IRS.  |            |  |  |
| Student used the IRS Direct Data Exchange to<br>transfer 2023 IRS income tax return information.                                | Student was not employed and had no income earned<br>from work in 2023.   |            |  |  |
| Student has provided the school a signed copy<br>of their 2023 federal income tax return (Form<br>1040 and any Schedules filed) | Student was employed in 2023 and has listed below the<br>names of all employers and the amount earned from<br>each employer. Copies of all 2023 IRS W-2s (or<br>equivalent documents) are required. |            |  |  |
| Student has provided their 2023 tax return<br>transcript obtained at <u>www.irs.gov</u> .                                       | Employer Name   | Wages Paid |  |  |
|   |   |            |  |  |
|   |   |            |  |  |
|   |   |            |  |  |

### C. STUDENT'S FAMILY INFORMATION

Family size includes the following:

- 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:
  - They live with the student's parents (or live apart because of college enrollment),
  - $\circ$   $\;$  They receive more than half of their support from the student's parents, and
  - 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:
  - o They live with the student's parents,
  - $\circ$   $\;$  They will receive more than half of their support from the student's parents, and
  - 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 2025-2026 FAFSA. As a result, the parent should not include any unborn children in the family size.

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

| Name (First and Last) | Age | Relationship to Student |
|-----------------------|-----|-------------------------|
|                       |     | Self                    |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       |     |                         |
|                       | •   |                         |

#### D. STATEMENT OF EDUCATIONAL PURPOSE

The student must sign the Statement of Educational Purpose in the presence of a Notary Public or Financial Aid Administrator at the University of Dubuque. The Notary Public or Financial Aid Administrator must complete Section E below. A copy of the unexpired valid government-issued identification used by the Financial Aid Administrator or Notary Public to identify the student must be attached to this form.

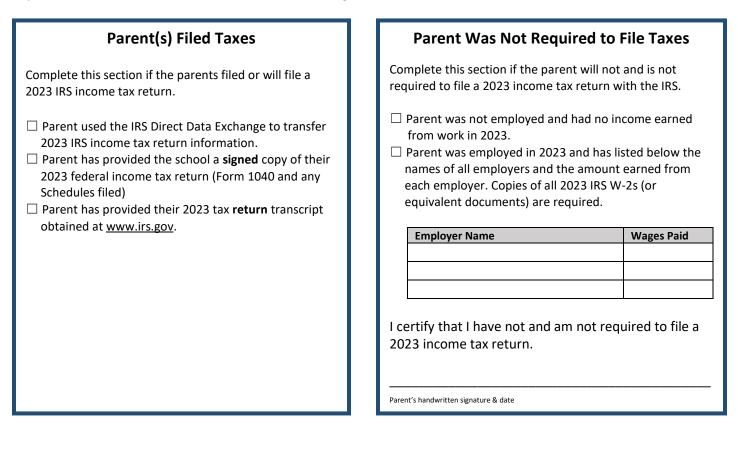
| I certify that I  | _ (print student name | e) am the individual signing this Statement of |  |  |
|---|-----------------------|--|--|--|
| Educational Purpose and that the Federal student financial assistant I may receive will only be used for educational purposes |                       |  |  |  |
| and to pay the cost of attending the University of Dubuque for 2025-2026.   |                       |  |  |  |
|   |                       |  |  |  |
| Signature   | Date                  | Student ID#                                    |  |  |

## E. STATEMENT OF EDUCATIONAL PURPOSE SIGNATURE WITNESSED BY

| State of  |  |  |
|---|--|--|
| County of   |  |  |
| On (Date), before me  | (Name of Notary Public or UD Financial Aid Admin.) |  |
| personally appeared   | (Name of Student) and proved to me on the basis of |  |
| satisfactory evidence of identification to be the above-named person who signed the foregoing instrument.                       |  |  |
| Signature of Notary Public or UD Financial Aid Administrator  |  |  |
| Type of unexpired, valid, government-issued photo identification provided by the student: <ul> <li>Driver's license,</li> </ul> |  |  |
| <ul> <li>Other state-issued identification, or</li> <li>Passport</li> </ul>   |  |  |
| Identification number:  | [SEAL]   |  |

## F. PARENT'S INCOME INFORMATION

The instructions below apply to each parent included in Section C. Notify the financial aid office if the parents filed separate IRS income tax returns for 2023 or had a change in marital status after December 31, 2023.



## **G. CERTIFICATION & SIGNATURES**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING! If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's signature, last four digits of SSN & date

Parent's signature, last four numbers of SSN & date

Due to the need for original signatures, faxed and scanned copies will not be accepted.

Submit this worksheet to:

University of Dubuque | Office of Student Financial Planning | 2000 University Ave. | Dubuque, IA 52001

Email: finaid@dbq.edu | Phone: 563.589.3170