## DEPENDENT STUDENT VERIFICATION WORKSHEET 2025-2026



| A. STUDENT INFORMATION  |  |   |  |  |  |
|---|--|---|--|--|--|
| Last Name   | First Name   | Age/Date of Birth                                       | CCAD ID or Last 4 Digits of SSN                          |  |  |
| Email Address   |  |   | Preferred Phone Number                                   |  |  |
| B. FAFSA PARENT CONTR student.)   | IBUTOR INFORMATION (FAF  | SA parent is defined as the biolo                       | ogical or adoptive parent(s) to the                      |  |  |
| <ul><li>both parents' information must</li><li>If your parents are divorced,</li></ul>  | parents are married to each other abe included on this worksheet. separated, or never married and aring the last 12 months. If both pose last twelve months. | do not live together, list the pa                       | rent who provided  |  |  |
| Full Name   | Date of Birth  | Relation  | Marital Status & Date                                    |  |  |
|   |  | Parent #1   | Unmarried, both parents together                         |  |  |
|   |  | (Step) Parent #2  | ☐ Single ☐ Married ☐ / YYYY ☐ Divorced/Separated/Widowed |  |  |
| C. FAMILY SIZE  |  |   |  |  |  |
| <ul> <li>COMPLETE THE TABLE BELOW.</li> <li>Include your FAFSA parents' ch 30, 2026.</li> <li>Include other people if they now continue to provide more than h</li> </ul> | ildren if they will provide more than  v live with your parent(s) and your p  nalf of their support from July 1, 202!  nt(s) in the boxes below. That inforn | arent(s) provide more than half o<br>5 - June 30, 2026. | f their support and will                                 |  |  |
| Full Name   | Age/Birth Date   | Relation to Student                                     |  |  |  |
|   |  |   | 7  |  |  |
|   |  |   |  |  |  |
|   |  |   |  |  |  |
|   |  |   |  |  |  |

(Attach a separate sheet or list below in margin if you need more room.)

More information needed on the back of this worksheet.

| PARENT(S)  |   | STUDENT  |  |
|--|---|--|--|
| 1) Check one of the following:   |   | 2) Check one of the following:   |  |
| My parent(s) filed a 2023 Federal Tax Return.  Circle: Transcript Enclosed or DDX used from IRS*or equivalent foreign tax return.  |   | I filed a 2023 Federal Tax Return <u>Circle:</u> Transcript Enclosed <b>or</b> DDX used from IRS* or equivalent foreign tax return   |  |
| My parent(s) were not employed and had no earned income in 2023 and did not file and was not required to file a 2023 Federal Income Tax Return or foreign tax return.                            |   | I was not employed and had no earned income in 2023 and did not and was not required to file a 2023 Federal Income Tax Return or foreign tax return.   |  |
| My parent(s) had income but was not required to file a 2023 Federal Income Tax Return or foreign tax return. I have <b>included W-2(s) or 1099(s)</b> and listed income information below.       |   | I had income but was not required to file a 2023 Federal Income Tax Return. I have included W-2(s) or 1099(s) and listed income information below.   |  |
| arent Income Information (only complete if requested ab  Name of Employer(s)   |   | ore space is required, attach a separate page  |  |
| Name of Employer(s)  | Aiiloo                                  | THE CONTINUE OF THE CONTINUE O |  |
|  |   |  |  |
|  |   |  |  |
| tudent Income Information (only complete if requested a  | bove) If mo                             | ore space is required, attach a separate page  |  |
|  | Amount Earned in 2023 W-2 box 1         |  |  |
|  | Amou                                    | nt Earned in 2023 W-2 box 1  |  |
| Name of Employer(s)  | Amou                                    | nt Earned in 2023 W-2 box 1  |  |
|  | Amoui                                   | nt Earned in 2023 W-2 box 1  |  |
| Name of Employer(s)  FAII tax filers must submit a 2023 Federal Tax Return with all schedules, or use the IRS Direct Data Exchan ranscripts are available on irs.gov/individuals/get-transcripts | n Transcrip                             | ot, A signed copy of 2023 Tax Return (1040)<br>within the FAFSA. Federal Tax Return  |  |
| Name of Employer(s)  All tax filers must submit a 2023 Federal Tax Return with all schedules, or use the IRS Direct Data Exchan  | n Transcrip<br>nge (DDX)<br>ranscript o | ot, A signed copy of 2023 Tax Return (1040)<br>within the FAFSA. Federal Tax Return<br>or by calling 1-800-908-9946.   |  |

Return secure documents by uploading this worksheet on-line at: links.ccad.edu/FinancialAidUploads

Student Printed Name

It is strongly recommended to submit all requested information as soon as possible. All information must be submitted 30 days prior to end of the last semester the student attends during the 2025-2026 academic year. You will be notified by email if additional information is needed. Once verification is completed, we will review the file and email a financial aid offer, typically within 10 days.

Date

Date

Note: If there are differences found through verification your FAFSA may be electronically corrected.

Student Signature

Parent Signature

Print out and sign with pen.