## INDEPENDENT STUDENT VERIFICATION WORKSHEET 2024-2026



Last Name	First Name	Age/Date of Birth	CCAD ID or Last 4 Digits of SSN
Email Address			Preferred Phone Number
B. MARITAL INFORMAT	TON (ONLY REQUIRED IF STUDE	NT IS MARRIED, DIVO	DRCED, OR SEPARATED)
• If married, include your s	eparated, include your most recent ma pouse's name and date of birth. ion if you are single/unmarried.	arital status and date;	
Marital Status (check	Spouse's Name: (if married)		
		Spouse's Date of Birth married)	(if

- **Include** your (and your spouse's) children) if you (or your spouse) will provide more than half of the children's support from July 1, 2025–June 30, 2026;
- Include other people if they now live with you and you (or your spouse) provide more than half of their support and will continue to provide more than half of their support from July 1, 2025–June 30, 2026.
- Do not include yourself or your spouse in the box below. That information is reported in Section A and B.

Full Name	Age/Birth Date	Relation to Student

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

More information needed on the back of this worksheet.

D. TAX FILING STATUS AND INCOME INFORMATION Student Name:					
COMPLETE BOTH	HITEMS, 1) & 2) BELOW.				
STUDEN	Т		SPOUSE (only required if student is married)		
1) Check	one of the following:		2) Check one of the following:		
Circle: Tra or equival	23 Federal Tax Return.* nscript Enclosed <b>or</b> DDX used from IRS* ent foreign tax return. employed and had no earned in-		My spouse filed a 2023 Federal Tax Return* Circle:  Transcript Enclosed or DDX used from IRS* or equivalent foreign tax return.  My spouse was not employed and had no		
required	023 and did not file and was not to file a 2023 Federal Tax Return tax return.		earned income in 2023 and did not file and was not required to file a 2023 Federal Tax Return or foreign tax return.		
Federal Ta earned in	ile or was required to file a 2023 ax Return but did work and/or have come and have included W-2(s) or nd listed income below.  Student:\$		My spouse did not file or was required to file a 2023 Federal Tax Return but did work and/or have earned income and have included W-2(s) or 1099(s) and listed income below.		
			Student:\$		
Student Income Information (only complete if requested a Name of Employer(s)			nt Earned in 2023 W-2 box 1		
Spouse Income Information (only complete if requested above) If more space is required, attach a separate page.  Name of Employer(s)  Amount Earned in 2023 W-2 box 1					
*All tax filers must submit a 2023 Federal Tax Return Transcript, A signed copy of 2023 Tax Return (1040) with all schedules, or use the IRS Direct Data Exchange (DDX) within the FAFSA. Federal Tax Return Transcripts are available on irs.gov/individuals/get-transcript or by calling 1-800-908-9946.					
E. <u>CERTIFICAT</u>	TION AND SIGNATURES				
Dy signing this w	arkshoot, we cortify all the information reports	d on thic worl	schoot and any additional documentation provided		

By signing this worksheet, we certify all the information reported on this worksheet and any additional documentation provided are complete and accurate. If asked, we agree to provide additional documentation needed to clarify and verify accuracy.

Student Signature	Student Printed Name	 Date	Print out and sign with pen.
		24.0	

Date

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

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.

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

Spouse's Signature (if married)