

DEPENDENT STUDENT VERIFICATION WORKSHEET 2026-2027



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 CONTRIBUTOR INFORMATION (FAFSA parent is defined as the biological or adoptive parent(s) to the student.)

COMPLETE THE TABLE BELOW.

- **Include** your parent(s) If your parents are married to each other and living together or living together and not married, both parents' information must be included on this worksheet.
 - If your parents are divorced, separated, or never married and do not live together, list the parent who provided you with the most support during the last 12 months. If both parents provided equal support list the parent who had the higher income over the last twelve months.
- If your parent is remarried include the stepparent.**

Full Name	Date of Birth	Relation	Marital Status & Date
		Parent #1	<input type="checkbox"/> Unmarried, both parents together <input type="checkbox"/> Single <input type="checkbox"/> Married <small>MM / YY</small> <input type="checkbox"/> Divorced/Separated/Widowed
		(Step) Parent #2	

C. FAMILY SIZE

COMPLETE THE TABLE BELOW.

- **Include** your FAFSA parents' children if they will provide more than half of the children's support from July 1, 2026 - June 30, 2027.
- **Include** other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2026 - June 30, 2027.
- **Do not include** yourself or parent(s) in the boxes 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 ITEMS, 1) & 2) BELOW. Include information for parent and stepparent (if applicable) when completing Section D.

PARENT(S)	
1) Check one of the following:	
<input type="checkbox"/>	My parent(s) filed a 2024 Federal Tax Return. Circle: Transcript Enclosed or DDX used from IRS* or equivalent foreign tax return.
<input type="checkbox"/>	My parent(s) were not employed and had no earned income in 2024 and did not file and was not required to file a 2024 Federal Income Tax Return or foreign tax return.
<input type="checkbox"/>	My parent(s) had income but was not required to file a 2024 Federal Income Tax Return or foreign tax return. I have included W-2(s) or 1099(s) and listed income information below.

STUDENT	
2) Check one of the following:	
<input type="checkbox"/>	I filed a 2024 Federal Tax Return Circle: Transcript Enclosed or DDX used from IRS* or equivalent foreign tax return..
<input type="checkbox"/>	I was not employed and had no earned income in 2024 and did not and was not required to file a 2024 Federal Income Tax Return or foreign tax return.
<input type="checkbox"/>	I had income but was not required to file a 2024 Federal Income Tax Return. I have included W-2(s) or 1099(s) and listed income information below.

Parent Income Information (only complete if requested above) If more space is required, attach a separate page

Name of Employer(s)	Amount Earned in 2024 W-2 box 1

Student Income Information (only complete if requested above) If more space is required, attach a separate page

Name of Employer(s)	Amount Earned in 2024 W-2 box 1

***All tax filers must submit a 2024 Federal Tax Return Transcript, A signed copy of 2024 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. CERTIFICATION AND SIGNATURES

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
_____ Parent Signature		_____ Date

Print out and sign with pen.

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 2026 - 2027 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.