

INDEPENDENT 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. MARITAL INFORMATION (ONLY REQUIRED IF STUDENT IS MARRIED, DIVORCED, OR SEPARATED)

COMPLETE THE TABLE BELOW.

- If **married, divorced, or separated**, include your most recent marital status and date;
- If **married**, include your spouse's name and date of birth.
- **Do not complete this section** if you are single/unmarried.

| | | |
|---|--|---|
| Marital Status (check only one) <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated | Spouse's Name: (if married) Date of Most Recent Marital Status (MM/YYYY) _____ / _____ | Spouse's Date of Birth (if married) _____ |
|---|--|---|

C. FAMILY SIZE

- **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, 2026–June 30, 2027;
- **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, 2026–June 30, 2027.
- **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 |
|-----------|----------------|---------------------|
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(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.

| | |
|---------------------------------------|---|
| STUDENT | |
| 1) 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 file and was not required to file a 2024 Federal Tax Return or foreign tax return. |
| <input type="checkbox"/> | I did not file or was required to file a 2024 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:\$ _____ |

| | |
|---|---|
| SPOUSE (only required if student is married) | |
| 2) Check one of the following: | |
| <input type="checkbox"/> | My spouse filed a 2024 Federal Tax Return* Circle: Transcript Enclosed or DDX used from IRS* or equivalent foreign tax return. |
| <input type="checkbox"/> | My spouse was not employed and had no earned income in 2024 and did not file and was not required to file a 2024 Federal Tax Return or foreign tax return. |
| <input type="checkbox"/> | My spouse did not file or was required to file a 2024 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 above) If more space is required, attach a separate page.

| Name of Employer(s) | Amount Earned in 2024 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 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

Print out and sign with pen.

Spouse's Signature (if married)

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 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.