



INDEPENDENT VERIFICATION WORKSHEET 2026-2027

We ask that you import your income and tax information from the IRS directly to the FAFSA, which you will be prompted to consent to if eligible. If you are ineligible or the transfer from the IRS is ineffective, please submit a 2024 tax return transcript which can be requested at [IRS.gov](https://www.irs.gov) or a signed copy of your federal tax return. For residents of Puerto Rico or if you are a foreign income tax filer, a signed tax return is acceptable.

This worksheet must be returned to our office with all sections completed before your financial aid can be finalized.

| | | | |
|-------------------|--------------------|------|-------------------|
| Student Last Name | Student First Name | M.I. | Student ID Number |
| Address | | | Date of Birth |
| City | State | Zip | Phone Number |

FAMILY SIZE: List the people in your custodial parent's household from July 1, 2026 through June 30, 2027.

- **The Student.**
- **The Student's spouse, if applicable.**
- **The Student's dependent children** if all of the following is true:
 - They live with the student (or live apart because of college enrollment);
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.
- **Other persons** if the following are true:
 - They live with the student;
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half of their support from the student during the award year.

The provided criteria for "dependent children" or "other persons" mirror the requirement that family size align with those the student could claim as a dependent on a U.S. tax return if the student were to file a U.S. tax return at the time of completing the 2026-2027 FAFSA. As a result, the student 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 school ID number at the top.

| Full Name | Age | Relationship |
|-----------|-----|--------------|
| | | Self |
| | | |
| | | |
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| | | |



Assumption University

Office of Student Financial Services

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Student Last Name

Student First Name

M.I

Student ID Number

STUDENT INCOME INFORMATION- Check one below

| | |
|---|---|
| <input type="checkbox"/> I utilized the IRS transfer tool on the FAFSA | <input type="checkbox"/> I am attaching my 2024 IRS Tax Return Transcript |
| <input type="checkbox"/> I was not employed in 2024 and did not earn income | <input type="checkbox"/> I am attaching my <u>signed</u> 2024 IRS Tax Return |
| <input type="checkbox"/> I earned income but was not required to file a 2024 IRS Tax Return Complete chart below if you selected this and attach W2(s) | |

| Source of income | 2024 amount | W2 attached? Add sheet if needed |
|------------------|-------------|----------------------------------|
| | | |
| | | |

Spouse Income Information- Check one below

| | |
|---|---|
| <input type="checkbox"/> I utilized the IRS transfer tool on the FAFSA | <input type="checkbox"/> I am attaching my 2024 IRS Tax Return Transcript |
| <input type="checkbox"/> I was not employed in 2024 and did not earn income | <input type="checkbox"/> I am attaching my <u>signed</u> 2024 IRS Tax Return |
| <input type="checkbox"/> I earned income but was not required to file a 2024 IRS Tax Return Complete chart below if you selected this and attach W2(s) | |

| Source of income | 2024 amount | W2 attached? Add sheet if needed |
|------------------|-------------|----------------------------------|
| | | |
| | | |

I (we) certify that all the information is complete. I understand an incomplete form will result in delays of processing my financial aid eligibility.

Student Signature

Date

Spouse Signature

Date

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