Assumption University
Office of Student Financial Services

Office of Student Financial Services
500 Salisbury Street
Worcester, MA 01609
Email: sfs@assumption.edu
Phone: (508) 767-7158
Fax: (508) 519-1286

DEPENDENT VERIFICATION WORKSHEET 2027-2028

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 2025 tax return transcript which can be requested at 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, 2027 through June 30, 2028.

- **The Student.**
- **The Student's parents (or stepparent, if applicable), even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include parent who is on active duty in the U.S. Armed Forces apart from the family.**
- **The Student's siblings if all of the following is true:**
  - **They live with the student's parents (or live apart because of college enrollment);**
  - **They receive more than half of their support from the student's parents; and**
  - **They will continue to receive more than half their support from the student's parents during the award year.**
- **Other persons if the following are true:**
  - **They live with the student's parents;**
  - **They receive more than half of their support from the student's parents; and**
  - **They will continue to receive more than half of their support from the student's parents during the award year.**

The provided criteria for "dependent children" or "other persons" mirror the requirements that family size align with those the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return at the time of completing the 2027-2028 FAFSA. As a result, the parent should not include any unborn children in the family size.

If more space is needed, please 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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Student Last Name | Student First Name | M.I | Student ID Number

STUDENT INCOME INFORMATION- Check one below

☐ I utilized the **IRS transfer tool on the FAFSA**	☐ I am attaching my **2025 IRS Tax Return Transcript**
☐ I was **not employed in 2025** and did not earn income	☐ I am attaching my signed **2025 IRS Tax Return**
☐ I earned income but was **not required to file a 2025** IRS Tax Return **Complete chart below if you selected this and attach W2(s)**	

Source of income	2025 amount	W2 attached? Add sheet if needed

PARENT INCOME INFORMATION- Check one below

☐ I utilized the **IRS transfer tool on the FAFSA**	☐ I am attaching my **2025 IRS Tax Return Transcript**
☐ I was **not employed in 2025** and did not earn income	☐ I am attaching my signed **2025 IRS Tax Return**
☐ I earned income but was **not required to file a 2025** IRS Tax Return **Complete chart below if you selected this and attach W2(s)**	

Source of income	2025 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** **Parent Signature** **Date**

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