

# 2026-2027

## VERIFICATION WORKSHEET

### INDEPENDENT STUDENT

Your application was selected by the Department of Education for a review process called Verification. The Calvin Financial Aid Office will compare information from your FAFSA with actual IRS data. The law requires us to complete this process before finalizing your aid. If needed, our office will make any required corrections to your FAFSA data. You must complete this form and provide copies of all requested paperwork.

#### Please print clearly when completing this form.

Student's Name:				Calvin ID #:		
	Last Name	First Name	MI	<u> </u>		
Home Address:						
Stro	eet	City		State	ZIP	
Phone Number: (_	)	Ema	ail:			

### **SECTION A — FAMILY INFORMATION**

List the people in your household. Include:

- yourself (and your spouse, if married)
- your children, if applicable, only if you will provide more than half of their support from July 1, 2026, through June 30, 2027
- other people, only if they live with you, and you will provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2026, through June 30, 2027

**Write the names of all household members.** Also write in the name of the college for any household member who will be attending college at least half time between July 1, 2026, and June 30, 2027, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

FULL NAME	AGE	RELATIONSHIP	NAME OF COLLEGE
		Self	Calvin University

### SECTION B — INCOME INFORMATION AND SIGNATURE

#### **TAX FILERS:**

- If you (and spouse, if applicable) provided consent for the FAFSA/IRS Direct Data Exchange when you submitted your FAFSA check the appropriate box below, sign the document, and return it to the Calvin Financial Aid Office.
- If you (and spouse) were unable to use that process you (and spouse) must provide either:
  - o A 2024 IRS Tax Return Transcript obtained through the IRS Get Transcript Process, OR
  - A <u>signed</u> copy of your 2024 federal tax return and applicable schedules. Please completely cross out all social security numbers when submitting a tax return electronically.

#### **NON-TAX FILERS:**

- If you (and spouse, if applicable) were not required to file a tax return, you (and spouse) must submit copies of 2024 W-2 forms (or equivalent) from all employers for tax year 2024. Please completely cross out all social security numbers on all W-2 forms before submitting an electronic copy.
- If you and/or your parents did not receive 2024 W-2 form(s) but had earned income, you must indicate 2024 total wages below.

#### STUDENT 2024 INFORMATION

**CHECK APPLICABLE BOX BELOW** 

IF YOU <u>FILED</u> 2024 TAXES WITH IRS:	IF YOU <u>DID NOT FILE</u> 2024 TAXES WITH IRS:
<ul> <li>I used the FAFSA/IRS Direct Data Exchange on my FAFSA.</li> <li>I have requested a copy of my 2024 IRS tax return and applicable schedules through the IRS Get Transcript Process.</li> <li>I have included a signed copy of my 2024 IRS tax return and applicable schedules.</li> </ul>	<ul> <li>I was not required to file a tax return but received a W-2(s) and have included it/them with this worksheet.</li> <li>I was not required to file a tax return and did not receive a W-2(s) but my 2024 wages totaled \$</li> <li>I did not work in 2024.</li> </ul>
By signing this worksheet, I (we) certify all information reported will not be processed until all requested documentation has be	•
Student must	sign below.
Student Signature (required, not typed)  Date	Spouse Signature (optional)  Date
<b>RETUR</b> I Calvin University Financial Aid Office 3201	
Caivin University Financial Ald Unice 3201	Burton St SE Grand Rapids, MI 49546

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

finaid@calvin.edu

616-526-6134 800-688-0122 Fax 616-469-2957