Washington Adventist University
Office of Student Financial Aid
7600 Flower Ave, Takoma Park, MD 20912
Wilkinson Hall, Rm 351
301.891-4005 finaid@wau.edu

# 2026-2027 INDEPENDENT VERIFICATION WORKSHEET

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information WAU will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at WAU. We may need to ask for additional information in the future. If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

## STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork within **14 days** of receipt to Washington Adventist University.

Student Name: _____ WAU ID #_____ Last 4 digits of SSN#:_____
(Please Print) Last First

Permanent Home Address: _____
City State Zip Code

Student's Date of Birth: _____Home Phone #: _____Cell #: _____

## FAMILY INFORMATION

List all members of your household. Remember to include:

- Yourself.
- Your spouse, if you are married.
- Your dependent children (or other persons) if the following are true:
  - They live with you (or live apart because they are enrolled in college)
  - They receive more than half of their support from you
  - They will continue to receive more than half their support from you during the school year (July 1, 2026 – June 30, 2027)

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom you could claim as a dependent on a U.S. tax return if you were to file a U.S tax return at the time of completing the 2026-2027 FAFSA. As a result, you should not include any unborn children in the family size. Support is defined as providing food, housing, medical/dental care or health insurance, money or other financial resources. If you need more space, attach a separate sheet.

| FULL NAME | AGE | RELATIONSHIP |
|---|---|---|
| | | ***Self*** |
| | | |
| | | |
| | | |
| | | |

| FULL NAME (Cont'd) | AGE (Cont'd) | RELATIONSHIP (Cont'd) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## STUDENT 2024 INCOME

Please choose a scenario:

☐ I (and/or my spouse if married) consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2024 IRS income information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA.

☐ I (and/or my spouse if married) did NOT use the IRS Direct Data Exchange (DDX) on the FAFSA to transfer data from the IRS.

**Copies of student/spouse 2024 IRS Federal Tax Return with Transcript or Signed IRS Federal Tax Return must be provided.**

☐ I (and/or my spouse if married) was/were not employed and had no income earned from work in 2024.

☐ I (and/or my spouse if married) was/were employed during 2024 but was not required to file a 2024 federal tax return.

- ***Must submit W-2 forms for each employer.***
- ***List below the names of all employers and the amount earned from each employer.***

| EMPLOYER NAME | AMOUNT | W-2 ATTACHED? (YES/NO) |
|---|---|---|
| | $ | |
| | $ | |
| | $ | |

## CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date this worksheet.

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

_____

Student's Signature Date

_____

Spouse's Signature (Required if married). Date