

**SECTION A: Student Information** 

Primary Phone: \_\_\_\_\_

# 2025-26 V5 Verification Worksheet

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Clark State College is required to collect the following information and compare it to the information reported on the FAFSA. If any discrepancies are found, we will make the corrections to your FAFSA. No federal financial aid will be offered until all discrepancies have been resolved and the FAFSA has been corrected. After completing all sections electronically, print the document and provide signature(s). Completed documents can be submitted in person or by postal mail.

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

| SECTION B: Family Information  |     |   |                  |                     |   |
|--|-----|---|------------------|---------------------|---|
| Dependent Students List the people in your Parent's household including:   |     | Independent Students List the people in your household including:   |                  |                     |   |
| Yourself and your parent(s), including step-parent   |     | Yourself, and your spouse, if you have one  |                  |                     |   |
| Your parents' other children, IF your parents will provide more than half of their support from July 1, 2025 thru June 30, 2026 OR the children would be required to provide parental information when filing the FAFSA. |     | Your children, if you will provide more than half of their support from July 1, 2025 through June 30, 2026  |                  |                     |   |
| Other people if they now live with your parents and your parents provide more than half of their support and will continue to from July 1, 2025 through June 30, 2026  |     | Other people if they now live with you and you provide more than half of their support and will continue to from July 1, 2025 through June 30, 2026 |                  |                     |   |
| If more space is needed, attach a separate page with the student's name and student ID at the top.   |     |   | t ID at the top. |                     |   |
| Full Name  | Age | Relationship<br>Student   | to               | College             | Will be Enrolled at<br>least HALF TIME<br>(Yes or No) |
|  |     | Self  |                  | Clark State College |   |
|  |     |   |                  |                     |   |
|  |     |   |                  |                     |   |
|  |     |   |                  |                     |   |
|  |     |   |                  |                     |   |
|  |     |   |                  |                     |   |

### **SECTION C:** Tax Forms and Income Information (all applicants)

employed but was not required to file a 2023 federal tax return.

# STUDENT Tax Forms and Income Information Check only one box below The student has consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2023 IRS income information into the student's FAFSA, either on the initial FAFSA or when making a correction to the FAFSA OR will provide the institution with a 2023 IRS Tax Return Transcript(s) or a signed copy of the 2023 income tax return and applicable schedules. The student was not employed and had no income earned from work in 2023 OR the student was

### TAX RETURN NON-FILERS:

Complete this section if the student indicated above, they <u>will not file and are not required to file a 2023 income tax return with the IRS</u>. List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

| Sources of Income<br>Complete only if you did not file taxes | Amount Earned in 2023 | W-2 Attached |
|--|-----------------------|--------------|
|  | \$                    |              |
|  | \$                    |              |
|  | \$                    |              |

### SPOUSE'S or PARENT'S Tax Forms and Income Information

Check only one box below

|        | The spouse or parent has consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve         |
|--------|---|
|        | and transfer 2023 IRS income information into the student's FAFSA, either on the initial FAFSA or when    |
|        | making a correction to the FAFSA OR will provide the institution with a 2023 IRS Tax Return Transcript(s) |
|        | or a signed copy of the 2023 income tax return and applicable schedules.                                  |
| $\Box$ |   |

| L | oxdot The spouse or parent was not employed and had no income earned from work in 2023 OR the student |
|---|---|
|   | was employed but was not required to file a 2023 federal tax return.                                  |

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

Complete this section if the spouse or parent indicated above, they will not file and are not required to file a 2023 income tax return with the IRS. List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

| <b>Sources of Income</b> Complete only if you did not file taxes | Amount Earned in 2023 | W-2 Attached |
|--|-----------------------|--------------|
|  | \$                    |              |
|  | \$                    |              |
|  | \$                    |              |

### **SECTION D: Identity and Statement of Educational Purpose**

The student must appear in person at Clark State College or to a notary to verify identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID.

The student must sign the Statement of Educational Purpose in the presence of Clark State authorized official or Notary.\*\*

| <b>Statement of Educational Purpo</b>  | ose:                                       |                         |                           |                                      |
|--|--|-------------------------|---------------------------|--------------------------------------|
| I certify that I   | am the individ                             | dual signing this State | ement of Educa            | ational Purpose                      |
| (Print Student's Na<br>and that the Federal student fin-<br>and to pay the cost of attending   | ancial assistance I ma                     |                         | e used for educ           | ational purposes                     |
| (Student's Signature)  |  | (Date)                  | (Stuc                     | dent's ID Number)                    |
| Notary's Certificate of Acknowl  | edgement:                                  |                         |                           |                                      |
| State of   | City/County o                              | f                       | Or                        | 1                                    |
| before me,   | , ŗ  | personally appeared,    |                           | anc                                  |
| (Notary's N  |  |                         |                           | me of signer)                        |
| proved to me on the basis of sat   | tisfactory evidence o                      | f identification        |                           | to be                                |
| (Notary signature)  SECTION E: Certification Stater I certify that all of the information best of my knowledge. Furthern fraudulent documentation. | <mark>ment</mark><br>on on this form and a |                         | (Date)<br>ents are true a | (Place Seal Here) nd complete to the |
| Student Signature:   |  |                         |                           | _ Date:                              |
| Parent Signature (if parent information is provided):  |  |                         |                           |                                      |
| OFFICE USE ONLY  |  |                         |                           |                                      |
| I certify that I have received a va  | alid copy of unexpire                      | d identification. Type  | :                         |                                      |
| REPORTED BY:   |  |                         |                           |                                      |
| 1-Verification completed in pe   |  |                         | 5 17 (1 5 5)              |                                      |
| $\square$ 2-Verification completed rem   |  |                         |                           |                                      |
| ☐ 3-Verification attempted, issu<br>(You did not receive acceptab  | es found with identit                      | y.                      | )                         |                                      |
| $\square$ 5-No response from applicant   | t or unable to locate                      |                         |                           |                                      |

## MAIL FORM TO:

Clark State College, Financial Aid Office 570 E. Leffel Lane, Springfield, Ohio 45505 financialaid@clarkstate.edu • 937-328-6034