

NAZARETH UNIVERSITY

4245 East Avenue • Rochester, New York 14618
 (585) 389-2310 • finaid@naz.edu

2026-2027 Verification Worksheet Form (Dependent Student)

Your application was selected for Verification. This is to confirm that information reported on the FAFSA is accurate. In addition to submitting this *Family Size Form* you are required to provide income documentation.

Failure to provide the required verification documentation by the deadline may result in the forfeit of your eligibility to receive federal financial aid.

Please complete Sections A-D **and** submit requested income documentation.

Student Name: _____ **Nazareth ID:** _____

SECTION A: Family Information

Contributor(s) in the family (including a stepparent): If your legal parents (biological or adoptive parents) are married to each other, or are not married to each other and live together, you should report information about both of them.

Contributor 1 (include stepparent) in your Family	Age
Name:	

Contributor 2 (include stepparent) in your Family	Age
Name:	

List other family members below. Include:

- Yourself, even if you do not live with your parents (contributors).
- Exclude a parent who has died or is not living in the household because of separation or divorce.
- Include a parent who is on active duty in the U.S. Armed Forces apart from the family;
- Your contributor’s (or contributors’) other children, even if they do not live with your contributor (or live apart because of college enrollment), if:
 - Your contributor will provide more than half of their support from July 1, 2026 through June 30, 2027, or
 - The children will be required to provide the contributor’s information when completing the FAFSA; and:
- Other people if they now live with your contributor(s) and your contributor(s) provides more than half of their support and will continue to provide more than half of their support from July 1, 2026 through June 30, 2027.
- Do not include any unborn children in the family size.

Names of Family Members	Age	Relationship (Do Not Report “Other”)
STUDENT	ON FILE	SELF

SECTION B: Parent Income Information – please check one box in either section #1 or #2.

1. 2024 Income Tax Filer – make **one** selection:

- I successfully completed the Direct Data Exchange (DDX) process either on the initial FAFSA or when making corrections to the FAFSA. **Go to SECTION C.**
- I did not/could not use the DDX process and have attached a **signed** copy of my 2024 IRS Federal Income Tax Return **and** Schedules 1 and/or form 8863 (if filed). **Go to SECTION C.**
- I filed a foreign income tax return and have attached a **signed** copy of my 2024 return. **Go to SECTION C.**

2. 2024 Non-Filer/Not Required to File – make **one** selection:

- I was not employed and had no income earned from work in 2024. **Go to SECTION C.**
- I was employed in 2024. Please list below the names of all employers and the amount earned from each employer in 2024. Attach copies of **all** 2024 IRS W-2 forms issued by your employer(s). **Go to SECTION C.**

Employer's Name	Annual Amount Earned in 2024
	\$
	\$

SECTION C: Student Income Information – please check one box in either section #1 or #2.

1. 2024 Income Tax Filer – make **one** selection:

- I successfully completed the Direct Data Exchange (DDX) process either on the initial FAFSA or when making corrections to the FAFSA. **Go to SECTION D.**
- I did not/could not use the DDX process and have attached a **signed** copy of my 2024 IRS Federal Income Tax Return **and** Schedules 1, and/or form 8863 (if filed). **Go to SECTION D.**
- I filed a foreign income tax return and have attached a **signed** copy of my 2024 return. **Go to SECTION D.**

2. 2024 Non-Filer/Not Required to File – make **one** selection:

- I was not employed and had no income earned from work in 2024. **Go to SECTION D.**
- I was employed in 2024. Please list below the names of all employers and the amount earned from each employer in 2024. Attach copies of **all** 2024 IRS W-2 forms issued by your employer(s). **Go to SECTION D.**

Employer's Name	Annual Amount Earned in 2024
	\$
	\$

SECTION D: Statement of Certification and Signature

The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify your office of any error or omission. I understand that failure to comply with this agreement could result in forfeiture of financial aid.

Student (not electronic or digital) Date

Parent (not electronic or digital) Date

Once you complete this form, please email it to our office at finaid@naz.edu, mail a paper copy or bring the form to our office, located in Smyth Hall 43.

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