

Student Last Name	Student First Name	UOG Student ID	Phone Number
STUDENT FAMILY INFORMATION			
Parent's Marital Status	Parent 1 & Parent 2 Required		Parent 1 Required Only
	Married		Widowed
	Divorced/Separated – Remarried		Divorced/Separated – Not Remarried or Living Together
	Unmarried & Parents Living Together		Single – Never Married

Carefully read the following instructions, answer questions as of the day your FAFSA was submitted. In the table below (use back of form if necessary), report:

- Yourself,
- Your parents, including step-parent (if parent 1 legally remarried). Do not include your non-custodial parent.
- Your parent(s)' other dependent children, if your parent(s) will provide **more than half** of their support from July 01, 2026 through June 30, 2027 or if the other children would be required to provide parental information if they were completing a FAFSA 2026-2027.
- Other dependent people **only if they now live with your parent(s) and** your parent(s) will provide **more than half** of their support from July 01, 2026 through June 30, 2027.

	Last Name	First Name	Date of Birth
Student			
Parent 1			
Parent 2			
Children and others			

STUDENT AND PARENT TAX INFORMATION			
	Student	Parent 1	Parent 2
	I filed a 2024 Income Tax Return <u>and attached</u> the official tax transcript or a signed copy of my 2024 Income Tax Return, and Schedules 1 and/or 3 (schedules as applicable).		Do NOT complete for Parent 2 if Parent 2 & Parent 1 filed income tax <u>jointly</u>
	I have not filed a 2024 Income Tax Return and am not required to do so. I have <u>attached the Non-Tax Filer Statement to this worksheet.</u>		I filed a 2024 Income Tax Return <u>and attached</u> the official tax transcript or a signed copy of my 2024 Income Tax Return, and Schedules 1 and/or 3 (schedules as applicable).
			I have not filed a 2024 Income Tax Return and am not required to do so. I have <u>attached the Non-Tax Filer Statement to this worksheet.</u>

By signing this worksheet, we certify that all information reported is complete and accurate. We further understand that providing false or misleading information may result in being fined, jailed, or both.

Student Signature: _____ Date: _____
 Parent 1 Signature: _____ Date: _____
*Parent 2 signature required only if Parent 1 is Unmarried **AND** living together **OR** Married and filed tax separately*
 Parent 2 Signature: _____ Date: _____



Financial Aid office
V-5 Dependent Verification Worksheet
2026 - 2027

Student Last Name Student First Name UOG Student ID Phone Number
STUDENT IDENTITY VALIDATION

The student MUST APPEAR IN PERSON at the University of Guam Financial Aid Office to verify their 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 presented ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the presented ID. Electronic copies will NOT be accepted.

AUTHORIZED STAFF FAO ACKNOWLEDGEMENT

I, _____, verified identity of student, _____, is the individual who appeared before me, and presented the following form of identification as proof of their identity:

- Passport
Driver's license
Non-driver's identification card
Other state-issued ID
Permanent Resident Card or Resident Alien card (I-1551)

Document Expiration Date: _____

FAO Staff Signature: _____ Date: _____

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

If student is UNABLE TO APPEAR IN PERSON, the student must provide the institution with a completed Notary Certificate of Acknowledgement. Student must present the notary with an unexpired valid government issued photo ID. Additionally, a copy of the presented ID MUST accompany this document at the time of its submission.

In the state of _____ and City/County of _____
On _____, before me, _____
(Date) (Notary's Name)

Personally appeared, _____, and proved to me because of satisfactory
(Printed name of signer)

evidence of identification _____ to be the above-named person who signed the
(Type of unexpired government-issued photo ID presented)

Foregoing instrument.

WITNESS my hand and official seal

My commission expires on _____

(Notary's Signature)

(Date)

By signing this worksheet, we certify that all information reported is complete and accurate. We further understand that providing false or misleading information may result in being fined, jailed, or both.

Student Signature: _____ Date: _____