

Financial Aid office
V-1 Independent Verification Worksheet
2026 - 2027

Student Last Name	Student First Name	UOG Student ID	Phone Number
STUDENT FAMILY INFORMATION			
Student's Marital Status	Student & Spouse Required		Student Required Only
	Married – Not Separated	☐	Single – Never Married
	Divorced/Separated – Remarried	☐	Divorced/Separated – Not Remarried
		☐	Widowed

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

- Yourself,
- Your spouse,
- Your children, if you 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 your information if they were completing a FAFSA 2026-2027.
- Other dependent people **only if they now live with you and** you will provide **more than half** of their support from July 01, 2026 through June 30, 2027.

	Last Name	First Name	Date of Birth
Student			
Spouse			
Children and others			

STUDENT AND SPOUSE TAX INFORMATION			
Student		Spouse	
☐	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 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</u> to this worksheet.	☐	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</u> to this worksheet.

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: _____

*Spouse signature **required only if** Student and Spouse filed tax separately*

Spouse Signature: _____ Date: _____