

OFFICE OF FINANCIAL AID 1600 CHESTER AVENUE BREMERTON, WA 98337-1699 PHONE: (360) 475-7279

Your 2025–2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. This process will verify that you provided correct information on your FAFSA. If there are differences, your FAFSA information may need to be corrected. You and one parent whose information was reported on the FAFSA must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to our office. Complete and submit this form to the financial aid office as soon as possible otherwise your FAFSA application cannot be processed.

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A. Student Inform	nation				
	sidered dependent if he/she was requ	ired to provide parental infor	rmation on the FAFSA)		
Last Name	Name First Name		ctcLink ID (SID)		
Date of birth	e of birth Phone number		Number		
Dependency Status:	Dependent Independ	dent			
B. Family Househ	old Information				
	n individuals within your "househ re space is needed, list them on ar		•		
Definitions					
(the financial aid award year starts June 1st, 2025, and ends May 30th, 2026)					
	oendent Student		dent Student		
Yourself		Yourself			
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(the financial aid award year starts June 1", 2025, and ends May 30", 2026)				
Dependent Student	Independent Student			
Yourself	Yourself			
Your parent(s) listed on your FAFSA, regardless of	Your spouse, if you are married			
whether you live with them				
Your parent(s)' children, for whom they will provide more	Your children, for whom you will provide more than half			
than half of their financial support during this financial aid	of their financial support during this financial aid award			
award year	year			
Other individuals living with your parents, for whom your	Other individuals living with you, for whom you'll			
parent(s) will provide more than half of their financial	provide more than half of their financial support during			
support during this financial aid award year	this financial aid award year			
Exclude Foster Children				

Full Name	Age	Relationship	College	Will be enrolled at least half-time
John Doe (example)	18	Self	Central University	Yes
			_	

C. Student (and spouse if independent student) – Tax and Income Information

(NOTE: All students should fill out section C)

Check only one box below:

I used the Direct Data Exchange (DDX) tool on my FAFSA I did NOT use the Direct Data Exchange (DDX) tool

• Attach a copy of your 2023 IRS Tax Return Transcript issued by the IRS

I worked but did not file a 2023 federal income tax return.

- List employer(s) below, income received from each in 2023
- Attach copy(s) of your IRS 2023 Wage & Income Transcript
- Submit an IRS 2023 Statement of Non-filing

I did NOT work nor file a tax return.

- List any sources of income below
- Submit an IRS 2023 verification of non-filing

Sources of Income / How YOU supported yourself	2023 Income
EXAMPLE: Child Support	\$12,000

D. Parent(s) (if dependent student) – Tax and Income Information

(NOTE: Only fill out section **D** if you are a dependent student)

Check only one box below:

Parent(s) used the Direct Data Exchange (DDX) tool on my FAFSA

Parent(s) did NOT use the Direct Data Exchange (DDX) tool

• Attach a copy of your parents 2023 IRS Tax Transcript issued by the IRS

Parent(s) worked but did not file a 2023 federal tax return

- List employer(s) below, income received from each in 2023
- Attach copy(s) of their IRS 2023 Wage & Income Transcript
- Submit an IRS 2023 Statement of Non-filing

Parent(s) did NOT work nor file a tax return

- List any sources of income below
- Submit an IRS 2023 verification of non-filing

Sources of income / How PARENT supported you	2023 Income
EXAMPLE: Social Security Income	\$25,000

E. Student - Identity Verification

(NOTE: Federal law prohibits copying military ID, therefore we cannot accept military ID)

You will need to provide a valid, unexpired government-issued photo identification to verify your identity with the financial aid department. Let us know how you will provide this document.

Check only one box below:

- I am appearing in person with valid identification
- I am appearing over a video call with valid identification
- I am proving my identity by having this statement notarized with an embossed stamp
- I have provided identity verification issued by the institution where I am currently confined or incarcerated

NOTARY'S CERTIFICATE	OF ACKNOWLEDG	<u>EMENT</u>		
SUBSCRIBED AND SWORN before me this			_ day of	, 20
I certify that I know or have s appeared before me, and said acknowledged it to be (his/her	person acknowledged	that (he/she) signed the	Statement of Educ	ational Purpose and
	_	Notain Pul	plia in and for the	(signed)
Notary Public in and for the State of				State of
	_			(Print)
		Notary Publ	ic in and for the S	tate of
Place seal here.			My Co	mmission expiration date
F. Sign the Worksheet				
Student/Parent Certification is complete and correct.	on Statement: By su	ubmitting this form, I	certify that all t	the information above
Student Signature	Date	Parent Signature (I	DEPENDENT)	Date