



2026-2027 Verification Worksheet

Federal Student Aid Programs

Dependent V5

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. STUDENT'S PERSONAL INFORMATION

Student's Last Name	Student's First Name	Student's M.I.	Student ID Number
Student's Street Address (include apt. #)			Student's Date of Birth
City	State	Zip Code	Student's E-Mail Address
Student's Home Phone Number (include Area Code)			Student's Alternative or Cell Phone Number

B. STUDENT'S INCOME INFORMATION

Student Filed Taxes

Complete this section if the student filed or will file a 2024 IRS income tax return.

- ☐ Student used the IRS Direct Data Exchange to transfer 2024 IRS income tax return information.
- ☐ Student has provided their 2024 tax **return** transcript obtained at www.irs.gov.

Student Was Not Required to File Taxes

Complete this section if the student will not and is not required to file a 2024 income tax return with the IRS.

- ☐ Student was not employed and had no income earned from work in 2024.
- ☐ Student was employed in 2024 and has listed below the names of all employers and the amount earned from each employer. Copies of all 2024 IRS W-2s (or equivalent documents) are required.

Employer Name	Wages Paid

- The student
- The student's parents, even if the student is not living with them. 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.
- The student's siblings if the following are true:
 - They live with the student's parents (or live apart because of college enrollment),
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
 - They live with the student's parents,
 - They will receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the award year.

If more space is needed, provide a separate page with the student's name and ID number at the top.

[illegible]

D. STATEMENT OF EDUCATIONAL PURPOSE

The student must sign the Statement of Educational Purpose in the presence of a Notary Public or Financial Aid Administrator at Five Towns College. The Notary Public or Financial Aid Administrator must complete Section E below. A copy of the unexpired valid government-issued identification used by the Financial Aid Administrator or Notary Public to identify the student must be attached to this form.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ (print student name) am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Five Towns College for 2026-2027.

Signature _____ Date _____ Student ID# _____

E. STATEMENT OF EDUCATIONAL PURPOSE SIGNATURE WITNESSED BY

State of _____

County of _____

On _____ (Date), before me _____ (Name of Notary Public or FTC Financial Aid Admin.)

personally appeared _____ (Name of Student) and proved to me on the basis of satisfactory evidence of identification to be the above-named person who signed the foregoing instrument.

Signature of Notary Public or FTC Financial Aid Administrator

Type of unexpired, valid, government-issued photo identification provided by the student:

- ☐ Driver's license,
- ☐ Other state-issued identification, or
- ☐ Passport

Identification number: _____

[SEAL]

F. PARENT'S INCOME INFORMATION

The instructions below apply to each parent included in Section C. Notify the financial aid office if the parents filed separate IRS income tax returns for 2024 or had a change in marital status after December 31, 2024.

Parent(s) Filed Taxes

Complete this section if the parents filed or will file a 2024 IRS income tax return.

- ☐ Parent used the IRS Direct Data Exchange to transfer 2024 IRS income tax return information.
- ☐ Parent has provided their 2024 tax **return** transcript obtained at www.irs.gov.

Parent Was Not Required to File Taxes

Complete this section if the parent will not and is not required to file a 2024 income tax return with the IRS.

- ☐ Parent was not employed and had no income earned from work in 2024.
- ☐ Parent was employed in 2024 and has listed below the names of all employers and the amount earned from each employer. Copies of all 2024 IRS W-2s (or equivalent documents) are required.

Employer Name	Wages Paid

I certify that I have not and am not required to file a 2024 income tax return.

Parent's signature & date

G. CERTIFICATION & SIGNATURES

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING! If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's signature and date

Parent's signature and date

Submit this worksheet to:

Five Towns College | Office of Financial Aid | 305 N. Service Road | Dix Hills, NY

Email: financialaid@ftc.edu | Phone: 631.656.2164