

Office of Financial Aid

1500 Ralston Ave, Belmont, CA 94002 Website: www.ndnu.edu/plan-your-finances/ Email: <u>finaid@ndnu.edu</u> Telephone: (650) 508-3441 Fax: (650) 508-3635

2025-2026 V1 Standard Verification Worksheet

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for verification, a process in which the Office of Financial Aid must obtain documentation to ensure the accuracy of the information submitted on your FAFSA. The information provided on your FAFSA will be compared with the information on the required documents you submit. If there are differences between the FAFSA and the documents, your FAFSA information may be updated. Please contact the Office of Financial Aid as soon as possible if you have any questions regarding verification so your financial aid is not delayed.

Studer	nt's Information				
Last Na	ame	First Name	Mido	dle Initial	Student ID
Street Address		City	State Zip		Home/Cell Phone Number
House —	even if you don't live with July 1, 2025, through June completing a FAFSA for 20 with your parents. Also inc of the other person's supp Independent Student – Lis provide more than half of	the people in your parent your parents, and other of 30, 2026, or if the other of 25-2026. Include childrent clude any other people if nort and will continue to post the people in your house their support between Justiple who now live with you	t's household. In children if your period of the children would be they now live worovide more the sehold. Include to the child and for whom	parents will provide be required to prover of these standar ith your parents ar an half of that pers yourself, your spoune 30, 2026, ever myou are providing	ur parent(s) (including a stepparent) e more than half of their support from vide parental information if they were rds even if the children do not live nd your parents provide more than halfon's support through June 30, 2026. use (if married), and children if you will n if the children do not live with you. If more than half of their support and the 30, 2026.
Numbe	r in College: Include in the s	nace helow information :	ahout any house	shold member who	n is or will be enrolled at least half

Number in College: Include in the space below information about any household member who is, or will be, enrolled <u>at least half</u> <u>time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2025, and June 30, 2026, and include the name of the college.

Full Name	Age	Relationship to	College (if applicable)	Enrolled at least half-time?
		Student		(Yes/No)
		Self	Notre Dame De Namur University	

Note: The Office of Financial Aid may require additional documentation if there is reason to believe the information regarding the household members supported by the student/spouse and/or household members enrolled at eligible postsecondary educational institutions is inaccurate.

Student's (and spouse's, if married) Income Information									
Check t	he appropriate box below and provide the rec	quested info	rmation and documentation:						
	I/We provided consent and approved sharing	and importi	ng my/our 2023 tax information	from the IRS to the FAFSA via the					
	Direct Data Exchange (FA-DDX).								
	, ,								
	Data Exchange (FA-DDX). I/We will provide a copy of the 2023 IRS Tax Return Transcript, or a signed copy of the 2023								
_	income tax return, applicable schedules, and wage statements.								
	(,,,,,,,,								
	provided a copy of my/our IRS Verification of Non-Filing Letter for 2023 (for independent students only).								
	I (and, if married, the student's spouse) will not file and are not required to file a 2023 income tax return with the IRS. I/We were employed in 2023 and have listed below the names of all employers, the amount earned from each employer in 2023								
	and whether an IRS W-2 form or an equivalent document is provided. I/We have provided a copy of my/our IRS Verification								
	of Non-Filing Letter for 2023.	it document	is provided. If we have provided	a copy of my/our ms vermeation					
	Employer's Name		2023 Amount Earned	IRS W-2 Provided (Yes/No)					
	Total Amount	of Income:	\$						
	ts' Income Information (Dependent Stu- he appropriate box below and provide the rec I/We provided consent and approved sharing Direct Data Exchange (FA-DDX).	quested infor	rmation and documentation: ng my/our 2023 tax information						
	, .,								
	Data Exchange (FA-DDX). I/We will provide a copy of the 2023 IRS Tax Return Transcript, or a signed copy of the 2023 income tax return, applicable schedules, and wage statements.								
	I/We were not employed and had no income	_		ded a copy of my/our IRS					
	Verification of Non-Filing Letter for 2023.	carrica from	Work in 2023. If we have provide	aca a copy of my, our mo					
	I/We will not file and are not required to file a	a 2023 incom	e tax return with the IRS. I/We	were employed in 2023 and have					
	listed below the names of all employers, the a								
	an equivalent document is provided. I/We have	ve provided a	a copy of my/our IRS Verification of Non-Filing Letter for 2023.						
	Employer's Name		2023 Amount Earned	IRS W-2 Provided (Yes/No)					
	Total Amount	of Income:	\$						
Cortifi	cation and Signature								
	ng below, I/we certify the information reported								
	al Aid to perform necessary electronic ISIR corre								
	form or on my FAFSA or CADAA. I/we realize th	· · · · · · · · · · · · · · · · · · ·							
	reduction, withdrawal, and/or repayment of m ation I/we may be fined, sentenced to jail or bo		u. 17 we also understand ii we pt	in posery give raise or misreading					
Student	Signature Date Parent Signature (required if a dependent student) Date or Spouse Signature (optional if married)								