

2025-2026 V5 Aggregate 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.

Student's Information

Last Name	First Name	Middle Initial	Student ID
Street Address	City	State	Zip
			Home/Cell Phone Number

Household Information – Please check one of the following boxes

- ☐ **Dependent Student** – List the people in your parent's household. Include yourself, your parent(s) (including a stepparent) even if you don't live with your parents, and other children if your parents will provide more than half of their support from July 1, 2025, through June 30, 2026, or if the other children would be required to provide parental information if they were completing a FAFSA for 2025-2026. Include children who meet either of these standards even if the children do not live with your parents. Also include any other people if they now live with your parents and your parents provide more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2026.
- ☐ **Independent Student** – List the people in your household. Include yourself, your spouse (if married), and children if you will provide more than half of their support between July 1, 2025 and June 30, 2026, even if the children do not live with you. Include also, any other people who now live with you and for whom you are providing more than half of their support and will continue to provide more than half of their support between July 1, 2025 and June 30, 2026.

Number in College: Include in the space below information about any household member who is, or will be, enrolled at least half time 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 Student	College (if applicable)	Enrolled at least half-time? (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 the appropriate box below and provide the requested information and documentation:

- ☐ I/We provided consent and approved sharing and importing my/our 2023 tax information from the IRS to the FAFSA via the Direct Data Exchange (FA-DDX).
- ☐ I/We provided consent and was unable to transfer my/our 2023 tax information from the IRS to the FAFSA via the Direct 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 (and, if married, the student's spouse) was not employed and had no income earned from work in 2023. I/We have 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.

Employer's Name	2023 Amount Earned	IRS W-2 Provided (Yes/No)
Total Amount of Income:	\$	

Parents' Income Information (Dependent Students Only)

Check the appropriate box below and provide the requested information and documentation:

- ☐ I/We provided consent and approved sharing and importing my/our 2023 tax information from the IRS to the FAFSA via the Direct Data Exchange (FA-DDX).
- ☐ I/We provided consent and was unable to transfer my/our 2023 tax information from the IRS to the FAFSA via the Direct 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 earned from work in 2023. I/We have provided a copy of my/our IRS Verification of Non-Filing Letter for 2023.
- ☐ I/We 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.

Employer's Name	2023 Amount Earned	IRS W-2 Provided (Yes/No)
Total Amount of Income:	\$	

Identity and Statement of Educational Purpose (To be signed at the Institution)

The student must appear in person at the Office of Financial Aid at Notre Dame De Namur University to verify his or her identity by presenting an unexpired valid government issued photo identification (ID), such as, but not limited to, a driver’s license, state issued photo ID, or passport. Notre Dame De Namur University will maintain a copy of the student’s photo ID that is annotated with the date it was received and reviewed, and the name of the official authorized to receive and review the student’s ID. In addition, the student must sign, **in the presence of the institutional official**, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this statement of Educational Purpose and
Print Student’s Name
that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Notre Dame De Namur University for 2025-2026.

_____	_____	_____
Student’s ID number	Student’s Signature	Date

I certify that the copy above is a true and accurate representation of the student’s government issued identification.

_____	_____	_____
Office of Financial Aid Staff Name	Office of Financial Aid Staff Signature	Date

Identity and Statement of Educational Purpose (To be signed in the Presence of a Notary)

If the student is unable to appear in person at the Office of Financial Aid at Notre Dame De Namur University to verify his or her identity, the student must provide the following:

- A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, state issued photo ID, or passport; and
- The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _____ am the individual signing this statement of Educational Purpose and
Print Student's Name

that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Notre Dame De Namur University for 2025-2026.

Student's ID number

Student's Signature

Date

Notary's Certificate of Acknowledgement

State of _____ city/county of _____

On _____, before me, _____ personally appeared,
Date *Notary's Name*

_____, and provided to me on basis of satisfactory evidence of
Printed Name of Signer

identification _____ to be the above-named person who signed the
Type of government-issued photo ID provided

foregoing instrument.

Witness my hand and official seal:



Notary Signature

My commission expires on _____
Date

Certification and Signature

By signing below, I/we certify the information reported on this worksheet is complete and accurate and authorize the Office of Financial Aid to perform necessary electronic ISIR correction on my behalf. I/we agree to provide proof of any information reported on this form or on my FAFSA or CADAA. I/we realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my financial aid. I/we also understand if we purposely give false or misleading information I/we may be fined, sentenced to jail or both.

Student Signature

Date

Parent Signature (required if a dependent student)
or Spouse Signature (optional if married)

Date