

Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

2026-2027 DEPENDENT VERIFICATION WORKSHEET

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 and your parents reported on your FAFSA. To verify that you provided correct information GSU 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 and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at GSU. We may need to ask for additional information in the future. If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork within **15 days** of receipt to Governors State University.

Student Name:	nt Name:		GovState ID#:	Last 4 digits of SS#:	
Please Print	Last	First			
Permanent Home A	ddress:				
City		State	Zip Code		
Student's Date of Bir	rth:	Hom	e Phone #:	Cell #:	

FAMILY INFORMATION

Please list all members of your parent(s)' household. Remember to include:

- Yourself
- Your parents, even if you are 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.
- Your parent(s)' other children if the following are true:
 - They live with your parents (or live apart because of college enrollment),
 - They receive more than half of their support from your parents, and
 - They will continue to receive more than half of their support from your parents during the award year.
- Other persons if the following are true:
 - They live with your parents,
 - o They receive more than half of their support from your parents, and
 - o They will continue to receive more than half of their support from your parents during the award year.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2026-2027 FAFSA. As a result, the parent should not include any unborn children in the family size. Support is defined as providing food, housing, medical/dental care or health insurance, money or other financial resources. If you need more space, attach a separate sheet.

FULL NAME	AGE	RELATIONSHIP
		Self

V1, V5 – DEPENDENT CRI CODE: FAC26DVW



Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

FULL NAME (Cont'd)	AGE (Cont'd)	RELATIONSHIP (Cont'd)

STUDENT 2024 INCOME

Please choose a scenario:

I consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2024 IRS income
information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA OR will provide the
institution with a 2024 IRS Tax Return Transcript or a signed copy of the 2024 income tax return and applicable
schedules.

- ☐ I was not employed and had no income earned from work in 2024.
- ☐ I was employed during 2024 but was not required to file a 2023 federal tax return.
 - Must submit W-2 forms for each employer.
 - List below the names of all employers and the amount earned from each employer.

EMPLOYER NAME	STUDENT AMOUNT	IRS W-2 ATTACHED? (YES/NO)
	\$	
	\$	
	\$	

PARENT 2023 INCOME

Please choose a scenario:

My parent(s) consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2024 IRS income
information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA OR will provide the
institution with a 2024 IRS Tax Return Transcript or a signed copy of the 2024 income tax return and applicable
schodulos

- ☐ My parent(s) was/were not employed and had no income earned from work in 2024.
- ☐ My parent(s) was/were employed during 2024 but was/were not required to file a 2024 federal tax return.
 - Must submit W-2 forms for each employer or 1099-MISC.
 - List below the names of all employers and the amount earned from each employer.

EMPLOYER NAME	FATHER/STEP- FATHER AMOUNT	MOTHER/STEP- MOTHER AMOUNT	IRS W-2 ATTACHED? (YES/NO)
	\$	\$	(125/110)
	\$	\$	
	\$	\$	

V1, V5 – DEPENDENT CRI CODE: FAC26DVW



Office of Financial Aid & Scholarships 1 University Parkway University Park, IL 60484 708.534.4480 govst.edu/financialaid

CERTIFICATION AND SIGNATURES

Student's Signature	 Date	WARNING: If you purposely give false or misleading information on this worksheet, you	
must sign and date this worksheet.			
Each person signing this worksheet certi	fies that all of the inform	nation reported on it is complete and correct. The stu	dent

Parent Signature (Required for dependent Students).

Date

V1, V5 – DEPENDENT CRI CODE: FAC26DVW