

2026-2027 Income Verification Form Dependent Student

We have received your 2026-2027 FAFSA. You parent(s) reported an income of \$0. We are required to determine how they supported you and any dependents listed on the Dependent Verification Worksheet.

Student Name:_____ **GovState ID#**_____ **Last 4 digits of SS#**_____

INSTRUCTIONS:

1. Please check any applicable boxes below
2. Provide supporting documentation as noted

SOURCE OF SUPPORT	DOCUMENTATION REQUIRED
Cash payments from Health and Human Services/TANF	None
Low Income Housing Assistance	None
Veterans Non-Educational Benefits	None
Housing, food and other living allowances paid to members of the military, clergy, and others	None
Other untaxed income (such as worker's compensation, disability, etc.)	2024 Benefit Statement
Social Security Benefits (SSB)/Supplemental Security Income (SSI)	2024 Benefit Statement
Child support received for ALL children in the household (do not include foster care/adoption payments)	Any of the following: <ul style="list-style-type: none"> Cancelled checks Receipts Signed statement from person paying child support
SNAP Benefits	2024 Benefit Statement
Parent(s) live with another family member/friend	Signed statement from student
Financial Support from friends, family, or other	Signed statement from student
Other	Signed statement from student

If you have any questions regarding this, please do not hesitate to contact our office at (708) 534-4480 or faid@govst.edu.

Student Signature

Parent Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.