

Center for Student Financial Planning and Services
99 Main Street
Franklin MA, 02038
P. 508-541-1518
F. 508-541-1941

sfp@dean.edu

2026-2027 INDEPENDENT VERIFICATION WORKSHEET

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you and your spouse (if married) reported on your FAFSA. To verify that you provided correct information Dean College 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 your spouse (if married) must complete this worksheet, attach any required documents, and submit the form to the College. The College may ask for additional information. If you have questions about verification, please contact us as soon as possible so that your financial aid will not be delayed. You should make a copy of this form for your records.

Independent Student Inform	ation	
Student Name	Student Date of Birth	Dean College ID #
Phone Number		Student's Email Address
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SECTION A: FAMILY SIZE INFORMATION

Family Size - Includes the following:

- The student.
- The student's spouse, if applicable.
- The student's dependent children if *all* the following are true:
 - o They live with the student (or live apart because of college enrollment);
 - o They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.
- Other persons if *all* the following are true:
 - o They live with the student;
 - They receive more than half of their support from the student; and
 - o They will continue to receive more than half their support from the student during the award year.

FULL NAME	AGE	RELATIONSHIP TO STUDENT
		Self

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SECTION B: INCOME INFORMATION

STUDENT & SPOUSE (if married, must provide income information for spouse):

TAX FILERS: Please check only the one box that applies and submit the required documents.	Please refer to
acceptable documentation for 2024 Tax Information included with this form.	

- □ I/we filed a 2024 IRS Income Tax Return, and 2024 Tax Information from the IRS was available to use on the FAFSA.
- □ I/we filed a 2024 IRS Income Tax Return, and 2024 Tax Information from the IRS was not available or could not be used on the FAFSA (manually entered). I/we will provide the school with a copy of the 2024 Federal IRS Tax Return Transcripts **or** *signed copy* of the 2024-1040 Form along with all schedules.

NON-TAX FILERS: Please *check any box that applies*. This section is to be completed *-only- by non-tax filers*.

□ I/we worked but was not required to file a 2024 Federal Income Tax Return and have listed below the names of all employers, the amount earned from each employer in 2024 and whether an IRS W-2 form, or equivalent document is provided. I/we have attached 2024 W2(s).

Employer's Name	Copy of IRS W-2 or an Equivalent Document Provided? YES or NO	Annual Amount Earned in 2024
		\$
		\$
		\$
		\$
Total Amount of Income Earned from Work		\$

☐ I/we was not employed and had no income earned from work in 2024.

☐ I/we had other income and resources for the 2024 tax year. (list each source of income in the table below, if more space is needed, provide a separate page with your name and ID number at the top of the page).

Source of Income	Annual Amount in 2024
Total Amount of Other Income	\$

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SECTION C: SIGNATURES		
By signing this form, each person certifies that all the information is correct and complete. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.		
Student Signature:	Date:	
Spouse Signature (optional):	Date:	
(electronic signatures are <u>not</u> acceptable)		