DOMINICAN UNIVERSITY of CALIFORNIA

Office of Financial Aid
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2026-27 Dependent Aggregate Verification Worksheet

_____   _____

Student Last Name   First Name   Middle Initial   Dominican Student ID Number

_____   _____

Street Address   City   State   Zip   Phone Number

Your 2026-27 Free Application for Federal Student Aid (FAFSA) was selected for verification, a process in which the Office of Financial Aid must obtain documentation from you 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 that you submit. If there are differences between the FAFSA and the documents, your FAFSA information may be updated.

Section A: Number of Household Members and Number in College – *To be completed by the student and parent(s)*
In the chart below, please list **ALL** the people in the parent(s) household. Make sure to include:
- Yourself, the student.
- Your parent(s) (including a stepparent), even if you do not live with your parent(s). If your parents are unmarried, but live together, list both.
- Your parents' other children, **IF** your parent(s) will provide more than half of their support from July 1, 2026, through June 30, 2027, or if the other children would be required to provide parental information if they were completing a FAFSA for 2026-27. Include children who meet either of these standards, even if they do not live with the parent(s).
- Other people **IF** they now live with the parent(s) <u>and</u> the parent(s) provide more than half of the other people's support <u>and</u> will continue to do so through June 30, 2027.

For each person list: *full name, age,* and *relationship to the student*. Excluding the student's parent(s), if any household member listed is enrolled or will be enrolled <u>at least half-time</u> in a college degree, diploma, or certificate program that is Title IV eligible any time between July 1, 2026, through June 30, 2027, please indicate the *name of the college* and *indicate whether or not the person will be enrolled at least half-time*. **Please list all household members that meet the above criteria regardless of whether the individual currently attends college.** If more space is needed, please provide a separate page that includes the student's name and Dominican ID number at the top.

Full Name	Age	Relationship to Student	College Name (if applicable)	Enrolled at least half-time? (Yes/No)
		Self	*Dominican University of California*	

Section B: Student's 2024 Tax & Income Information – *To be completed by the student*
If you have an **Unusual Tax Filing Circumstance**, please indicate the circumstance on this page and see Page 4 for additional instructions.

Check the options that apply:
- ❑ I, the student, have filed a 2024 Federal Income Tax Return, **AND**
  - o I have used or will use the **IRS Data Retrieval Tool** on the FAFSA to transfer my 2024 IRS income tax information into my FAFSA, **OR**
  - o I have provided or will provide a copy of my **2024 Tax Return Transcript** from the IRS (See instructions on Page 3) or a signed copy of my **2024 income tax return and applicable schedules**

  OR
- ❑ I, the student, have not filed and I am not required to file a 2024 Federal income tax return, **AND**
  - o I have no income earned from work in 2023, **OR**
  - o I earned income from work in 2024. I have listed below the names of all employers, the amount earned from each employer in 2024, and I have provided or will provide **copies of ALL 2024 W-2(s) or a 2024 Wage & Income Transcript** from the IRS for each source of income listed.

Employer's Name	Amount Earned	W-2 provided?
		❑ Yes ❑ No
		❑ Yes ❑ No
		❑ Yes ❑ No

Section C: Parent(s)' 2024 Tax & Income Information – *To be completed by the parent*
If you have an **Unusual Tax Filing Circumstance**, please indicate the circumstance on this page and see Page 4 for additional instructions.

Check the option that applies:
- ❑ I/we, the parent(s), have filed a 2024 Federal Income Tax Return **AND**
  - o I/We have used or will use the **IRS Data Retrieval Tool** on the FAFSA to transfer my/our 2024 IRS income tax information into the student's FAFSA, **OR**
  - o I/We have provided or will provide a copy of my **2024 Tax Return Transcript** from the IRS (See instructions on Page 3) or a signed copy of my/our **2024 income tax return and applicable schedules**

  OR
- ❑ I/we, the parent(s), have not filed and not required to file a 2024 Federal income tax return **and** I/we have provided or will provide a **Verification of Non-Filing Letter** from the IRS (see instructions on Page 3).
  - o I/We have no income earned from work in 2024, **OR**
  - o I/We earned income from work in 2024. I/We have listed below the names of all employers, the amount earned from each employer in 2024, and I/We have provide or will provide **copies of ALL 2024 W-2(s) or a 2024 Wage & Income Transcript** from the IRS for each source of income listed.

Employer's Name	Amount Earned	W-2 provided?
		❑ Yes ❑ No
		❑ Yes ❑ No
		❑ Yes ❑ No

Section D: Identity Verification – *Please review this <u>entire section</u> prior to completion as there are very specific steps that must be followed. Please note federal law prohibits copying military ID, therefore we cannot accept military ID.*

The student is required to provide valid, unexpired government-issued photo identification, front and back, to verify their identity with the financial aid office. The student may submit the following, but not limited to, a driver's license, other state-issued ID, or passport. You may submit the form in-person, appear over a video call with valid ID and camera on, or submit the form via mail (if unable to appear in person at Dominican University of California's Financial Aid Office, ***see below***).

If you wish to appear over a video call, please contact us for an appointment at finaid@dominican.edu.

If Unable to Visit Office: If a student is unable to visit Dominican University's Financial Aid Office in person to verify their identity, they must submit a copy of an unexpired, valid government-issued photo identification (ID) as specified in the notary statement.

<u>**Notary's Certification of Acknowledgement**</u>
To be completed by a notary if the student is unable to appear in person at Dominican University of California.

State of _____ City/County of _____ on _____,
<div align="right"><i>(Date)</i></div>

before me, _____ , personally appeared, _____,
               (Printed Notary's name)   *(Printed name of signer)*

and proved to me on basis of satisfactory evidence of identification _____
to be the above-named person who signed the foregoing instrument.   *(Type of government-issued photo ID provided)*

WITNESS my hand and official seal

_____
                         (Notary signature)

My commission expires on _____
       (Seal)   *(Date)*

CERTIFICATION – *To be completed by the student and one parent whose information was reported on the FAFSA. The following signatures certify that all the information reported on this worksheet is complete and correct.*
WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

_____   _____
Student Signature (required)   Date

_____   _____
Parent Signature (required)   Date