DOMINICAN UNIVERSITY of CALIFORNIA

Office of Financial Aid
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2027-28 Independent Aggregate Verification Worksheet

Student Last Name	First Name	Middle Initial	Dominican Student ID Number

Street Address	City	State	Zip	Phone Number

Your 2027-28 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

In the chart below, please list **ALL** the people in your household. Make sure to include:

- Yourself, the student.
- Your spouse if you are married.
- Your children or your spouse's children **IF** you or your spouse will provide more than half of their support from July 1, 2027, through June 30, 2028, or if the other children would be required to provide your or your spouse's information if they were completing a FAFSA for 2027-28. Include children who meet either of these standards, even if they do not live with you.
- Other people, **IF** they now live with you, and you or your spouse provide more than half of the other people's support and will continue to do so through June 30, 2028.

For each person list: ***full name***, ***age***, and ***relationship to the student***. If any household member listed is enrolled or will be enrolled at least half-time in a college degree, diploma, or certificate program that is Title IV eligible any time between July 1, 2027, through June 30, 2028, 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 2025 Tax & Income Information – *To be completed by the student*
If you have an **Unusual Tax Filing Circumstance**, please indicate the circumstance, and see Pages 4 & 5 for additional instructions.

Check the options that apply:

I, the student, and/or my spouse (if applicable) have filed a 2025 Federal Income Tax Return, **AND**

- ○ I/we have used or will use the **IRS Data Retrieval Tool** in FAFSA to transfer my/our 2025 IRS income tax information into my FAFSA, **OR**
- ○ I/we have provided or will provide a copy of my **2025 Tax Return Transcript** from the IRS (See Page 4) or a signed copy of my/our **2025 federal income tax return and applicable schedules**

OR

I, the student, and/or my spouse (if applicable) have not filed, and I/we are not required to file a 2025 Federal income tax return, **and** I/we have provided or will provide a **Verification of Non-Filing Letter** from the IRS (see Page 4) **AND**

- ○ I/we have no income earned from work in 2025, **OR**
- ○ I/we earned income from work in 2025. I/We have listed below the names of all employers, the amount earned from each employer in 2025, and I/We have provided or will provide **copies of ALL 2025 W-2(s) or a 2025 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: Identity Verification – *Please review this entire section 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 on the next page.

Notary's Certification of Acknowledgement

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 _____ ,
(Date)

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. The following signatures certify that all of 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

_____ _____
Spouse Signature (optional) Date

OFFICE USE ONLY

Printed Name of Financial Aid Staff: _____

Type ofID collected: _____

Date: _____

Signature of Financial Aid Staff: _____