



2026-2027 Verification Worksheet Federal Student Aid Programs College of Micronesia-FSM

**INDEPENDENT
STUDENT
Tracking Group
V1**

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 reported on your FAFSA. To verify that you provided correct information we 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 must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the COM-FSM Financial Aid Office. If you have questions about verification, contact the nearest COM FSM Financial Aid Office as soon as possible so that your financial aid will not be delayed.

A. Independent Student's Information

Student's Last Name	Student's First Name	Student' M.I	Student's SS/ID Number
Student's Mailing Address (P.O Box City, State, Zip Code)		Student's Date of Birth	Home Phone

B. Independent Student's Family Information

- Number of Household Members: List below the people in your household. Include:
- Yourself
 - Your spouse, if you are married
 - Your children, if any, if you provide more than half of their support from July 1, 2026, through June 30, 2027, or if the child would be required to provide your information if they were completing a FAFSA for 2026–2027. 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 provide more than half of their support and will continue to provide more than half of their support through June 30, 2027.

Write the names of all family members. Include the name of the college for any household member, excluding your parents, who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2026, and June 30, 2027

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		Self		

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Student Name: _____

SS/ID Number: _____

C . Independent Student’s Income Information to Be Verified

1. U.S TAX RETURN FILERS

____ I, the student, completed a 2024 tax return. A copy is attached. If you did not file a tax return, complete **Item #3** below.

If more space is needed, attach a separate page with the student’s name and Social Security Number at the top.

Employer’s Name	2024 Amount Earned	IRS W-2 Attached?
ABC Shipping (example)	\$1,280	Yes

Note: We may require you to provide documentation from the IRS that indicates a 2024 IRs income tax return was not filed with the IRS.

2. NON U.S TAX RETURN FILERS

____ I, the student, completed a 2024 foreign tax return or a tax return with another U.S territory or one of the Freely Associated States (FAS). A copy is attached. If you did not file a tax return, complete **Item #3** below.

If more space is needed, attach a separate page with the student’s name and Social Security Number at the top

Employer’s Name	2024 Amount Earned	IRS W-2 Attached?
ABC Shipping (example)	\$1,280	Yes
Student:		
Spouse:		

Note: We may require you to provide documentation from the IRS that indicates a 2024 IRs income tax return was not filed with the IRS.

3. TAX RETURN NONFILERS (including non-working) Complete this section if you did not file and is not required to file a 2024 income tax return with the IRS or any other government agency.

Check the box that applies:

- I, the student, (and, if married, the student’s spouse) was not employed and had no income earned from work in 2024.
- I, the student, (and, if married, the student’s spouse) was employed in 2024 and has listed below the names of all employers, the amount earned from each employer in 2024, and whether an IRS W-2/wage statement form is attached. Provide copies of all 2024 IRS W-2/wage statement forms issued to you (and, if married, the student’s spouse) by employers. List every employer even if they did not issue an IRS W2/statement form.

D. Independent Students’ Other Information to Be Verified

Complete this section if you or your spouse, if married, paid for child support in 2024.

Either I, or if married, my spouse who is listed in Section B of this worksheet, paid child support in 2024. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2024 for each child. If asked by my school, I will provide documentation of the payment of child support.

If you need more space, attach a separate page that includes the student’s name and Social Security Number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support	Amount of Child Support
Marty Jones	Chris Smith (example)	Terry Jones	\$6,000

Student Name: _____

SS/ID Number: _____

E. Certification and Signatures

By signing this worksheet you certify that all of the information reported on it 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. The student must sign and date.**

Student's Signature

Date

Spouse's Signature (optional)

Date

FOR FINANCIAL AID OFFICE USE ONLY: DO NOT WRITE BELOW

Received by: _____
Financial Aid Official's signature

Date: _____

Accepted by: _____
Financial Aid Director's signature

Date: _____