



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

DEPENDENT STUDENT
Tracking Group
V5

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 and your parents 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 and at least one parent 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. Dependent 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. Dependent Student's Family Information

Number of Household Members: List below the people in the parents' household. Include:

- Yourself and parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if the parent(s) will provide more than half of the children's 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 2026–2027. Include children who meet either of these standards even if the children do not live with your parent(s).
- Other people if they now live with your parent(s) and the parent(s) provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2027.

Number in College: Please include in the space below information about any household member, excluding the parents, who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2026, and June 30, 2027 , include the name of the college.

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. Dependent 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

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, was not employed and had no income earned from work in 2024.

I, the student, 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 by your employers. List every employer even if they did not issue an IRS W-2/statement form.

D. Parent's Income Information to Be Verified

1. U.S TAX RETURN FILERS

____ The student's, parent completed a 2024 tax return. A copy is attached. If the parent(s) 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.

Student Name: _____

SS/ID Number: _____

2. NON U.S TAX RETURN FILERS

____ The student’s, parent completed a 2024 foreign tax return or a tax return with another U.S territory or one of the Freely Associated States. A copy is attached. If the parent(s) 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?
<i>Pro Auto</i>	<i>\$980</i>	<i>Yes</i>
<i>Parent 1:</i>		
<i>Parent 2:</i>		

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 the student’s parent(s) will not file and is not required to file a 2024 income tax return with the IRS or other government agency.

Check the box that applies:

Neither parent was employed, and neither had income earned from work in 2024.

One or both parents were employed in 2024 and have 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 provided. Provide copies of all 2024 IRS W-2/wage statement forms issued to the parents by their employers. List every employer even if they did not issue an IRS W-2/wage statement form.

E. Certification and Signatures

Each person signing this worksheet certifies 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 and one parent must sign and date.

Student’s Signature

Date

Parent’s Signature

Date

Student Name: _____

SS/ID Number: _____

Section F. Identity and Statement of Educational Purpose

This section is ONLY to be completed in person at the COM-FSM Financial Aid Office or front of a Notary

Notary's Certificate of Knowledge

State of _____ City/Country of _____ On _____

before me, _____ personally appeared, _____
(Notary Signature) (printed name of signer)

and proved to me on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

To be the above named person who signed the foregoing instrument.

WITNESS my hand and official seal _____
(Notary Signature) (Date Commission Expires)

(Seal)

F. 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 and one parent must sign and date.**

Student's Signature

Date

Parent's Signature

Date

Student Name: _____

SS/ID Number: _____

The student must appear in person at _____

(Name of Postsecondary Education Institution)

to verify his or her identity by presenting a valid government issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. COM-FSM Financial Aid Office will maintain a copy of the student's photo ID that is annotated by the College with the date it was received and reviewed by Financial Aid. In addition, the student must sign, in the presence of a COM-FSM Financial Aid official, the Statement of Education Purpose provided below. **If you cannot appear in person to sign this Statement of Education Purpose, you will need to provide a copy of your government issued ID and this Statement of Educational Purpose notarized by a public notary.**

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the
Printed Student's Name

Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending

(Name of Postsecondary Education institution)

Student's Signature

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: _____