



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

**INDEPENDENT  
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 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          |                           |   |
|                              |           |               |                           |   |
|                              |           |               |                           |   |
|                              |           |               |                           |   |
|                              |           |               |                           |   |
|                              |           |               |                           |   |

Student Name: \_\_\_\_\_

SS/ID Number: \_\_\_\_\_

**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.

### 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.

Student Name: \_\_\_\_\_

SS/ID Number: \_\_\_\_\_

### 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 |
|---------------------------------------|---|--------------------------------|-------------------------|
| <i>Marty Jones</i>                    | <i>Chris Smith (example)</i>                  | <i>Terry Jones</i>             | <i>\$6,000</i>          |
|                                       |   |                                |                         |
|                                       |   |                                |                         |
|                                       |   |                                |                         |

### 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

**F. Documentation of Identity/Statement of Educational Purpose**

In order to complete the Verification process, you will need to appear in person at College of Micronesia-FSM and present your unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

**Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary Public)**

If you are unable to appear in person at College of Micronesia-FSM to verify your identity, you must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Student Name: \_\_\_\_\_

SS/ID Number: \_\_\_\_\_

**Notary's Certificate of Knowledge**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_

before me, \_\_\_\_\_ personally appeared,  
(Notary's Signature) (Printed Name of Signer)

and provided 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 Public Signature) / (Date commission expires)

(seal)

**(G) Certification and Signatures**

**Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Each person signing below certifies that all of the information reported on this worksheet is complete and correct.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_

SS/ID Number: \_\_\_\_\_

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_ am the individual signing this Statement of  
(Print Student's Name)  
Educational Purpose and that the federal student financial assistance I may receive will only be used for  
educational purposes and to pay the cost of attending College of Micronesia-FSM.

\_\_\_\_\_  
Student 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: \_\_\_\_\_