

Office of Financial Aid 3303 Rebecca St. Sioux City, IA 51104 (712) 279-5530 Financial.Aid@briarcliff.edu

2026-2027 Dependent Verification Worksheet (V1 V5)

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for verification. Federal law requires us to confirm the information reported on your FAFSA before Federal Student Aid is awarded. We will compare information from your FAFSA with requested financial documents. If there are differences your FAFSA will be corrected by the Financial Aid Office. You and a parent whose information was reported on your FAFSA, must complete and sign this verification document, attach any requested documents, and submit them to the financial aid office via in person, email or mail.

STUDENT INFORMATION					
Full Name:					
Email:					
 FAMILY SIZE INFORMATION Family size includes the following: The student The student's parent(s) who were contributors on the FAFSA, even if the student is not living with them. your parent is remarried, include your stepparent. Exclude a parent who is deceased or is not living in the household because of separation or divorce. Include a parent who is living apart from the family due to active duty in the U.S. Armed Forces. The student's siblings and stepsiblings if ALL the following are true:					
• Do not include any unborn chil					
Full Name	Age	Relationship Self			
		Sety			

В.	STUDENT 2024 INCOME VERIFICATION						
2.	Please choose one scenario:						
	☐ I consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2024 IRS income information into my FAFSA, either on the initial FAFSA or when making corrections to the						
	FAFSA.						
	 Must provide the institution with a 2024 IRS Tax Return Transcript or a signed copy of the 2024 income tax return and applicable schedules. 						
	☐ I was not employed and had no income earned from working in 2024.						
	☐ I was employed in 2024 but was not required to file a 2024 federal tax return.						
	 Must submit W-2 forms for each employer or 1099-MISC. List below the names of all employers and the amount earned from each employer 						
	1 7						
	**Only use this table to provide income if you did not file a tax return. Use additional paper if necessary Employer Name Amount IRS W-2 ATTACHED?						
	Employer Name	Amount		(YES/NO)			
		\$					
		\$					
		\$					
	2024 income tax return and applicable schedules. □ Parent(s) was/were not employed and had no income earned from working in 2024. □ Parent(s) was/were employed in 2024 but was not required to file a 2024 federal tax return. ○ Must submit W-2 forms for each employer or 1099-MISC. ○ List below the names of all employers and the amount earned from each employer						
	**Only use this table to provide income if you did n	not file a tax return. U	se additional pape	r if necessarv			
	Employer Name	Parent 1 Amount	Parent 2 Amount	IRS W-2 ATTACHED? (YES/NO)			
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
D.	CERTIFICATION AND SIGNATURES	<u> </u>					
	ach person signing below certifies that the information reported on this form is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. Typed signatures are NOT ccepted.						
	STUDENT SIGNATURE:	DATE:					
	PARENT SIGNATURE:	DATE:					

**WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.