



# 2026-2027 Dependent Verification Worksheet

## A. Student Information

Name (first & last):	Student ID#
Address:	Social Security #:
City:	Date of Birth:
State & Zip Code:	Phone #
Email:	@mayvillestate.edu

## B. Family Information -If you need additional space, please attach a separate page.

Full Name		Age		
<p>Print the name(s) of the people in your household in the chart below.</p> <ol style="list-style-type: none"> <li><b>1. Include yourself.</b></li> <li><b>2. Include your parent(s).</b> If <i>your parents are divorced</i>, list the parent you lived with the most during the last 12 months. If you did not live with one parent more than the other, indicate the parent who provided <b>more than half</b> of your support during the last twelve months. If <i>your parents are remarried</i>, include your stepparent, even if they do not support you. If <i>your parent(s) are unmarried but live together</i>, list Parent #1 and Parent #2.</li> <li><b>3. Include your parent(s)' other children</b>, if your parents provide more than half of their support between July 1, 2026, and June 30, 2027, or if the children would be required to provide parental information if they were completing a 2026-2027FAFSA. <b>DO NOT include any unborn children in the family size.</b></li> <li><b>4. Include other dependents</b> if they now live with your parent(s), and your parent(s) will continue to provide more than half of their support through June 30, 2027.</li> </ol>		Write the age of each household member in the chart below.		
		Relationship		
		Write the relationship of each household member to the student in the chart below.		
		College		
		List the name of the college/university for any household member (excluding parents) who will be enrolled at least half time (usually 6 or more credits) between July 1, 2026, and June 30, 2027. List only those who are enrolled in a degree, diploma, or certificate program at an eligible post-secondary institution.		
		Include siblings ONLY if they used the same parent as you did when they completed their 2026-2027 FAFSA.		
Full Name	Age	Relationship	Attending College At least half-time	College/University
		SELF	Yes/No	MSU
			Yes/No	
			Yes/No	
			Yes/No	
			Yes/No	
			Yes/No	
			Yes/No	

**C. Student Tax Forms and Income Information (All applicants) Choose One**

- I consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2024 IRS income information into the FAFSA.
- I am attaching an official SIGNED copy of my 2024 tax return AND all applicable Schedules (1-3) or an official 2024 IRS Tax Return Transcript. Tax Transcript can be obtained by going to [www.irs.gov/transcript](http://www.irs.gov/transcript) or calling the IRS 1-800-908-9946.
- I was not employed and did not have income and am not required to file a 2024 Tax Return. **(You must provide the W-2 form or other earnings statements with this form).**
- I was employed and had income, but am not required to file a 2024 Tax Return **(If you earned wages in 2024, you must submit ALL W-2's. Please list below your employer(s) and any income received in 2024).**

Employer	Gross Amount Earned 2024
	\$
	\$
	\$
	\$

**D. PARENT(S) Tax Forms and Income Information (Choose One)**

- We/I consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2024 IRS income information into the FAFSA.
- We/I am attaching an official SIGNED copy of my 2024 tax return and all applicable Schedules (1-3) or an official 2024 IRS Tax Return Transcript. Tax Transcripts can be obtained by going to [www.irs.gov/transcript](http://www.irs.gov/transcript) or calling the IRS 1-800-908-9946.
- I (Parent 1) was not employed and did not have income and am not required to file a 2024 Tax Return.
- I (Parent 2) was not employed and did not have income and am not required to file a 2024 Tax Return.
- We/I was employed and had income but am not required to file a 2024 Tax Return **(If you earned wages in 2024, you must submit ALL W-2's. Please list below your employer(s) and any income received in 2024).**

Employer	Gross Amount Earned 2024
	\$
	\$
	\$
	\$

**Signatures-** Manually sign with a pen. Unsigned forms or those with digital/electronic/typed signatures will be returned.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in a fine of up to \$20,000, imprisonment, or both. I understand that the information provided on this form may affect my/my student's financial aid eligibility/award.

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

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*The verification process may take SEVERAL WEEKS, and your federal financial aid will not be determined until the process is complete. Therefore, we suggest that you submit all information requested to the address on the bottom of this form **WITHIN 30 DAYS**. If any of the sections of this worksheet are left blank or any signatures are missing, this worksheet will be returned to the student for completion, thereby delaying the processing of your financial aid. Thank you for your cooperation and prompt response.*

**Form can be submitted ONE of the following ways:**

Mail to: Mayville State University • Financial Aid Office • 330 Third Street NE • Mayville, ND  
58257 Secure Email Link: <https://sendfiles.ndus.edu/filedrop/MaSU-FinancialAid>  
Contact Us: 1.800.437.4104 ext.: 34314 or 701.788.4314