



Information updated from
original FAFSA.
____ Initial
____ Date

Office of Financial Aid & Scholarships 2025-2026 Dependent Verification Worksheet

Section 1: Student Information

Student name (Last name, First name)

A-State ID number

Cell phone number

Dependent Student

Section 2: Student's Parent Information

List your parent(s) below, whose information you were required to provide on the FAFSA, even if you do not live with them.

- If the parent listed on the FAFSA has remarried, you must include your stepparent.

	Full Name	Age	Date of Birth	Relationship to Student
Parent 1				
Parent 2				

Section 3A: Student's Parent Household Information - Siblings

Read carefully and list the following individuals.

- Your parent(s)' other children**, if your parent(s) will provide more than half of their support from July 1, 2025 through June 30, 2026, or if the children would be required to provide parental information when applying for Federal Student Aid, even if they do not live with your parent(s). Do not include foster children.
- Individuals in college**, list below that will be attending college at least half-time (6 credits or more) in a degree, diploma, or certificate program between July 1, 2025 and June 30, 2026. Please list the name of the college they are attending.

Full Name	Age	Date of Birth	Relationship to Student	College Attending

Section 3B: Student's Parent Household Information - Other Individuals

- Other individuals.** Only include those if they live with your parents and will receive more than half of their support from your parents and will continue to receive this support from July 1, 2025 through June 30, 2026. Support is defined as the basic maintenance costs for the entire 12-month period. Items considered as support include, but are not limited to food, housing, clothes, car, medical and dental care, money, etc. Please mark all types of support provided by your parents for the individual(s) listed below.

Full Name	Age	Relationship to Student	Housing	Food	Insurance
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2025-2026 Dependent Verification Worksheet

Student Name: _____ ASU ID Number: _____

Section 4A: 2023 Student Tax Information

- ☐ I used the FAFSA IRS Data Retrieval Tool to electronically transfer my 2023 Federal Tax Return information into the FAFSA.
- ☐ I am unable or choose not to use the IRS Data Retrieval Tool in the FAFSA. I am submitting a signed copy of my 2023 Federal Tax Return.
- ☐ I will **NOT** file and/or am **NOT** required to file a 2023 Federal Tax Return. *If you earned wages in 2023, please complete the table below.*

Student Non-Tax Filers

Please complete the table below by listing all sources of income for 2023 and submit all W2s or 1099s for each source of employment.

Student's Name	Employer or Source of Earned Income from Work	Gross Earnings in 2023 (See Box 1 of W2)	W-2 or 1099 Issued?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4B: 2023 Parent Tax Information

- ☐ I used the FAFSA IRS Data Retrieval Tool to electronically transfer my 2023 tax information into the FAFSA.
- ☐ I am unable or choose not to use the IRS Data Retrieval Tool in the FAFSA. I am submitted a signed copy of my 2023 IRS Tax Return. *Individuals that file Married Filing Separately must submit tax information for both individuals.*
- ☐ I will **NOT** file and/or I am **NOT** required to file a 2023 Federal Tax Return. *If you and/or your spouse (if married) earned wages in 2023, please complete the table below.*

Parent Non-Tax Filers

Please complete the table below by listing all sources of income for 2022 and submit all W2s or 1099s for each source of employment for you and your spouse (if married). *Please provide a Verification of Non-filing Letter from the IRS dated after October 1, 2024 for you and your spouse (if married).*

Parent's Name	Employer or Source of Earned Income from Work	Gross Earnings in 2023 (See Box 1 of W2)	W-2 or 1099 Issued?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

X
STUDENT SIGNATURE

DATE

X
PARENT SIGNATURE

DATE

Please complete and return to: A-State Office of Financial Aid & Scholarships
Mail: P.O. Box 1620 State University, AR 72467 Fax: 870-972-2794 Email: finaid@astate.edu