

## Office of Financial Aid

Your 2026-2027 FAFSA was selected for a review process known as verification. This means that you are now required to complete and return this worksheet to Springfield College Office of Financial Aid. We will compare your FAFSA data with the information provided on this worksheet. If there are differences, we will update your FAFSA, and if necessary, recalculate your eligibility for federal and institutional aid. If you have any questions, please contact us at 413.748.3108 or via email at financialaid@springfieldcollege.edu.

SECTION A: Student's Information:		Springfield ID#:		
Student's Last Name	First Name	M.I.	Student's Date of Birth	
Student's Street Address (include apt. number)			Student's Phone Number	
City	State	Zip	Student's Email Address	

## **SECTION B:** Family Size

In the chart below please list the names, ages, and relationships of all household members.

**Dependent students:** (parents' data included on FAFSA): List the people in your parents' household including:

- Yourself, even if you don't live with your parents;
- Your parents (including step-parent);
- Your parents' other dependent children if your parents will provide more than half of their support from July 1, 2026 through June 30, 2027 or if they would be required to give parental information when applying for federal student aid:
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2027.

**Independent students:** (parents' data not included on FAFSA): List the people in your household including:

- Yourself:
- Your spouse, if married;
- Your children, if you provide more than half of their support between July 1, 2026 through June 30, 2027;
- 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 from July 1, 2026 through June 30, 2027.

Full Name	Age	Relationship
		SELF

Studen	t's Name:	Springfield ID#:	_
SECT	ION C: Verification of 2024 Income		
Studen	t's marital status: Single MarriedSepa	rated	
Stude	nt Tax Information:		
1.	. If you filed a 2024 IRS income tax return, the best way to verify income is to request it through the Future Act Direct Data Exchange (FA-DDX) on your 2026-27 FAFSA. Or you may need to request the IRS tax transcript by visiting their website (www.irs.gov). You will then need to upload the transcript to Springfield College on My Financial Aid.		
	☐ 1A: I filed a 2024 IRS income tax return and federal tax information (FTI) was successfully retrieved using the Future Act Direct Data Exchange (FA-DDX) on the FAFSA.		
	☐ 1B: I filed a 2024 IRS income tax return and FTI was unsuccessfully transferred. I will request a 2024 Tax Return Transcript or signed 2024 Federal (1040) tax return with schedules to verify 2024 income.  ☐ 1C: I was not employed and had no income from work in 2024 and was not required to file a 2024 IRS income tax return.		
	☐ 1D: I was employed in 2024 and had earnings from work <u>but was not required to file a 2024</u> Please fill out table below with all employment information. Please submit all 2024 IRS W-2 for first five digits of all Social Security Numbers and all bank account numbers of any document se of Financial Aid.		edact the
	NON-TAX FILING STATEMENT – to be complete Employer's Name	d only if the box to Section C Question 1D above is checked.  Amount earned by Student Non-tax filer in 2024	ed
	Employer's Name	\$	
		\$	
		\$	

**Additional Information:** So that we can fully understand the student's family financial situation, please provide below information about any other resources, benefits, and other amounts received by the student This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2024
		\$
		\$
		\$

<u>Paren</u>	t(s) of Dependent Students OR Spouse of Inde	ependent Students Tax Information:	
2.	through the Future Act Direct Data Exchange (FA-I	come tax return, the best way to verify income is to req DDX) on your 2026-27 FAFSA. Or they may need to rev.irs.gov). You will then need to upload the transcript t	equest
☐ 2A: Parent(s)/Spouse filed a 2024 IRS income tax return and federal tax information (FTI) was succeretrieved using the Future Act Direct Data Exchange (FA-DDX) on the FAFSA.			sfully
	□ 2B: Parent(s)/Spouse filed a 2024 IRS income tax return and FTI was unsuccessfully transferred. Parent(s)/spouse will request a 2024 Tax Return Transcript or signed 2024 Federal (1040) tax return with schedules to verify 2024 income.  □ 2C: Parent(s)/Spouse was not employed and had no income from work in 2024 and was not required to file 2024 IRS income tax return. Please provide documentation from the IRS that a return was not filed. You can obtain this by filing IRS form 4506-T and checking box #7 or requesting a 2024 Tax Transcript or a 2024 Tax Account Transcript that includes a message such as "no records of a return filed" or "no transcript on file".  □ 2D: Parent(s)/Spouse, were employed in 2024 and had earnings from work but were not required to file a 2024 IRS tax return. Please fill out table below with employment information. Please submit all 2024 IRS W-2 forms and redact the first five digits of all Social Security Numbers and all bank account numbers of any document sent to the Office of Financial Aid.		
	NON-TAX FILING STATEMENT - to be completed only if the box to Section C Question 2D above is checked		
	Employer's Name	Amount Earned by <u>Parent Non-tax filer</u> (if dependent student) OR by <u>Spouse Non-tax filer</u> (if married student) – in 2024	
		\$	
		\$	
		\$	

Student's Name:

Springfield ID#:

**Additional Information:** So that we can fully understand the student's family financial situation, please provide below information about any other resources, benefits, and other amounts received by any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2024
		\$
		\$
		\$
		\$

Student's Name:	Springfield ID#:
SECTION D: Certification and Signatures	
Each person signing below certifies that all of the inform parent/spouse whose information was reported on the 20.	nation reported is complete and accurate. The student and one 26-2027 FAFSA must sign and date.
Referral of Fraud Cases:	
If we suspect that a student, employee, or other individual fraudulently to obtain federal funds, we are required to reof Inspector General.	al has misreported information or altered documentation eport our suspicions and provide any evidence to the U.S. Office
WARNING: If you purposely give false or misleading	g information you may be fined, sentenced to jail, or both.
Student's signature (ink)	Date
Parent's (or Spouse's) signature (ink)	Date
Parent's email address	
* * *	* * * * * *
Transcript, if required, to the Office of Financial Aid	ny documentation for the Worksheet, and the Tax Return, Springfield College, 263 Alden Street, Springfield, MA 01109-Please be sure that the student's name appears on any form you dother required documents through My Financial Aid.
Please redact the first five digits of all Social Security sent to the Office of Financial Aid.	Numbers and all bank account numbers of any document
If you have any questions, please contact us at 413.74	8.3108 or via email at financialaid@springfieldcollege.edu.
Thank you for your assistance with the verification proce	ess.

Updated: 11/18/2025 Page 3