



Verification Worksheet 2026-2027

Student Information

Last Name

First Name

Social Security Number

Student ID Number

Information

Your FAFSA was selected by the U.S. Department of Education for a review process called "Verification." Federal law states that we have the right to ask for this information. Your application will be considered incomplete until each section is complete and all required documents and signatures have been received by the LSCPA Financial Aid Office. If there are differences between your application information and this document, corrections may need to be made to your Student Aid Report (SAR).

Household Size Information

List all people in the household in the space(s) below. Include the name of the college for any household member, **excluding** your parent(s), who will be attending at least half-time between July 1, 2026 and June 30, 2027, and will be enrolled in a degree, diploma, or certification program. If you need more space, attach a separate page.

INDEPENDENT STUDENTS: List names of all persons in your household. Include yourself, your spouse and all children (even if they do not live with you) if you will provide more than half of their support from July 1, 2026 through June 30, 2027. Also include other people if you provide MORE THAN HALF of their support and will continue to provide more than half of their support through June 30, 2027.

DEPENDENT STUDENTS: List names of all persons in your parent(s) household. Include yourself, your parents and their other children (even if they do not live with your parents) if your parents will provide more than half of their support from July 1, 2026 through June 30, 2027. Also include other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue that support through June 30, 2027.

First Name	Last Name	Age	Relationship to you (Parent, brother/sister, etc.)	If person will attend college half-time or more in 2026-2027 print the name of the college.



Check this box if there are more than six (6) household members. Attach a list of these people, providing the same information as requested above

Tax Return Filer Information

Official Tax Return Transcripts are required for verification unless the Data Retrieval Tool (DRT) was used on the FAFSA. Please complete the following:

Student and Spouse

___ Check here if you used the Data Retrieval Tool.

___ Check here if you are submitting a copy of your 2024 IRS Tax Return Transcript.

___ Check here if you did not file, will not file, and are not required to file a 2024 Tax Return.

Parent(s)

___ Check here if you used the Data Retrieval Tool.

___ Check here if you are submitting a copy of your 2024 IRS Tax Return Transcript

___ Check here if you did not file, will not file, and are not required to file a 2024 Tax Return

Income Information for Nontax Filers

Complete this section if the student and spouse (if married) and parent(s) (if dependent), are not required to file a 2024 Tax Return.

Student and Spouse

____ Check here if the student and spouse were not employed and had no income earned from work in 2024.

____ Check here if the student and spouse did work but did not file. Complete the table below, and attach all 2024 W-2's. If Self-Employed, submit a signed statement certifying amount of Adjusted Gross Income earned and Income Tax paid for 2024.

Parent(s)

____ Check here if the parent(s) were not employed and had no income earned from work in 2024.

____ Check here if the parent(s) did work but did not file. Complete the table below, and attach all 2024 W-2's. If Self-Employed, submit a signed statement certifying amount of Adjusted Gross Income earned and Income Tax paid for 2024.

Nontax Filers Complete the Table Below:

Employers' Name	2024 Student and Spouse Wages Earned	2024 Parent(s) Wages Earned

Signature

You (spouse's signature optional) must sign below certifying the accuracy of the information provided on this form. If you were required to provide parental information, at least one of your parents must also sign below certifying the accuracy of the information provided on this form.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

I give permission for corrections to be made to the FAFSA by the LSCPA Financial Aid Office. I (we) certify that all of the information on this form is completed and correct.

Student's Signature Date

Father's (Stepfather's) Signature Date

Spouse's Signature (Optional) Date

Mother's (Stepmother's) Signature Date

Financial Aid Office: Student Center Room 304
Mail: PO Box 310 Port Arthur, TX 77641
Phone: 409-984-6203 * Fax: 409-984-6025
FinancialAid@lamarpa.edu