



Last Name

First Name

M.I

Student ID #

Date of Birth

2025-2026 Verification Worksheet

What you should do

Your application was selected for review in a process called "Verification." In this process, Oklahoma Christian will be comparing information from your application with an official 2023 IRS Tax Transcript, a signed copy of your 1040, or with W-2 forms. The law says we have the right to ask you for this information before awarding federal aid. If there are differences between your application information and your financial documents, we will make the necessary corrections electronically to your application information.

Try to complete verification as soon as possible so that your financial aid won't be delayed.

1. Use the IRS Data Retrieval Tool at www.fafsa.gov to transfer taxes for you and your parents directly onto the FAFSA, or
2. Collect financial documents from you and your parent(s) (Tax Transcripts can be obtained by going online to www.irs.gov or by calling the IRS automated line at 1-800-908-9946.) All tax returns provided must be signed by the tax filer.
3. Fill in **completely** and sign the worksheet. Dependent students require both student and parent signatures.

Oklahoma Christian must review the requested information under the Financial Aid Program Rules

A: Family Information

List the people in your *parents' household*, including:

- Yourself and your parent(s) (including stepparent) even if you don't live with your parents, and
- Your parents' other children, even if they don't live with your parent(s), if a) they provide more than half of their support from July 1, 2025 through June 30, 2026, or b) the children would be required to provide parental information when applying for Federal Student Aid, and
- Other people if they now live with and receive more than half of their support from your parents **AND** will continue to get more than half of their support from your parents from July 1, 2025 through June 30, 2026.

Write the names of all household members. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half time between July 1, 2025 and June 30, 2026, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College	Receive SNAP Benefits? (Y/N)
<i>Martha Jones (example)</i>	23	<i>Self</i>	<i>OC</i>	<i>No</i>

B: Tax Return Information

Student Section (check one box only)	Parent(s)/Spouse Section (check one box only)
<input type="checkbox"/> Check here if you filed a 2023 tax return, attach a copy of the IRS Transcript or a signed copy of your 1040 IF the IRS data retrieval tool was NOT used on the FAFSA.	<input type="checkbox"/> Check here if you filed a 2023 tax return, attach a copy of the IRS Transcript or a signed copy of your 1040 IF the IRS data retrieval tool was NOT used on the FAFSA.
<input type="checkbox"/> Check here if you will not file and are not required to file a 2023 US Income Tax Return and CONTINUE to section C and D.	<input type="checkbox"/> Check here if you will not file and are not required to file a 2023 US Income Tax Return and CONTINUE to section C and D.

C: Earned Income Information

If you and/or your parent(s) earned income by working in 2023 but did not file a tax return, list your and your parent(s) employer(s) and amounts of earned income below and submit a copy of your w-2 form. **If neither you nor your parent(s) earned income by working, you will need to complete a Financial Resources Worksheet showing the means of financial support for 2023 and write "NA" in the blank provided.**

Name	Student Amount	Parent(s)/Spouse Amount
1.	\$	\$
2.	\$	\$
3.	\$	\$

D: Additional Financial Information

Please report annual amounts for 2023. If an item does not apply to you or your parent(s), please write "NA" for amounts.

Taxable Income	Student Amount	Parent(s)/Spouse Amount
Education Credits (Hope, Lifetime Learning, or American Opportunity)	\$	\$
Child Support you paid due to a legal requirement		
Child's Name	Person to whom support was paid	Student Amount
		Parent(s)/Spouse Amount
		\$
		\$
		\$
		\$
Need-based employment earnings (i.e. college work study)	\$	\$
College Grants & scholarships (only if reports as income to IRS)	\$	\$
Combat pay/special combat pay (only if reported as income to IRS)	\$	\$
College cooperative education work program earnings	\$	\$

E: Required Signatures

By signing this form, I (we) certify that all the information reported is complete and correct.

Student Date

Parent/Spouse Date

Warning: if you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.