



INDEPENDENT VERIFICATION FORM 2026-2027 (V1)

DO NOT COMPLETE WITH PENCIL

TYPED SIGNATURES WILL NOT BE ACCEPTED

FULL NAME: _____

STUDENT ID # (not ID badge number): _____ DATE OF BIRTH: _____

HAVE YOU COMPLETED A BACHELOR'S DEGREE? YES NO

FAMILY INFORMATION

Please include the following individuals for the family reported on the FAFSA:

- Yourself.
- Your spouse.
- Your dependent children if the following are true:
 - They live with you (or live apart because of college enrollment)
 - They receive more than half of their support from you
 - They will continue to receive more than half their support from you during the award year.
- Other persons if the following are true:
 - They live with you.
 - They receive more than half of their support from you, and
 - They will continue to receive more than half their support from you from July 1, 2026 to June 30, 2027.

The provided criteria for “dependent children” or “other persons” mirror the requirement that family size align with who you could claim as a dependent on a U.S. tax return if you were to file a U.S tax return at the time of completing the 2026-2027 FAFSA. As a result, you should not include any unborn children in the family size.

FULL NAME	AGE	RELATIONSHIP TO YOU
1.		SELF
2.		
3.		
4.		
5.		
6.		
7.		
8.		

OVER →

STUDENT FINANCIAL INFORMATION

Complete one box below:

I filed 2024 taxes and will provide them by either successfully linking them to the FAFSA, by providing a 2024 federal 1040 and applicable schedules. (Note: the 1040 needs to be signed if self-prepared), or by providing a 2024 federal tax transcript obtained from the IRS at <https://www.irs.gov/individuals/get-transcript>.

I did not file 2024 taxes, I am not required to file 2024 taxes, I was not employed in 2024, and I did not earn any income in 2024. I acknowledge by signing below, I agree I did not earn any income in 2024.

Student Signature: _____ Date: _____

I did not file 2024 taxes and am not required to file taxes, but I was employed and earned income. The employer(s) and amount(s) I earned are below. I will submit a W2 or other proof of income for each employer to the Financial Aid office.

Employer: _____ Total earned \$ _____

Employer: _____ Total earned \$ _____

By signing this worksheet, I certify that all the information reported is complete and accurate.

Student Signature: _____ Date: _____

Please submit this form to the Dunwoody Financial Aid Office

Dunwoody Financial Aid Office
818 Dunwoody Blvd
Minneapolis, MN 55403

Phone: 612-381-3405 - Email: financialaid@dunwoody.edu - Fax: 612-374-0108