

## 2026-2027 Independent Student Verification Worksheet Tracking Group V5- Aggregate Verification

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The financial aid administrator at your school must compare your FAFSA information with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. Verification must be completed before your financial aid can be finalized and before any federal aid may be disbursed to you. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

### A. STUDENT INFORMATION

Student's Last Name	Student's First Name	Student's M.I.	Student's UCSF ID Number
Student's Street Address			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Primary Phone Number (include area code)			Alternate Phone Number, if applicable

### B. STUDENT'S HOUSEHOLD INFORMATION

List the people in your household below. Include:

- Yourself (1<sup>st</sup> row below)
- Your spouse, if you are married
- Your children, if you or your spouse will provide more than half of their support from July 1, 2026, through June 30, 2027, even if they do not live with you.
- Other people if they live with you AND you provide more than half of their support AND will continue to provide more than half of their support through June 30, 2027.

For any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2026, and June 30, 2027, include the name of the college.

Full Name	Age	Relationship to Student	College to Attend in 2026-27*	Will be enrolled at least Half Time* (Yes or No)

\*The school may require additional documentation to verify any household member's enrollment in an eligible postsecondary education institution.

**C. SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS VERIFICATION**

Did you or a member of your household listed in Section B of this worksheet received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during the 2024 or 2025 calendar year? SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243). The school may require documentation of the receipt of SNAP benefits during 2024 and/or 2025.

Yes       No

**D. CHILD SUPPORT PAID**

Complete this section if you or your spouse paid child support in calendar year 2025.

I, the student, or my spouse who is a member of my household, paid child support in 2025. I have indicated below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2025 for each child.

If asked by the school, I will provide any required additional documentation such as:

- i. A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- ii. A statement from the individual receiving the child support certifying the amount of child support received; or
- iii. Copies of child support payment checks, money order receipts, or similar records of electronic payments having been made.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2025
<b>Total Amount of Child Support Paid:</b>			

If more space is needed, attach a separate page that includes your name and UCSF ID number at the top.

**E. INCOME**

Complete this section regarding your 2024 income.

**Tax-Filers:**

Adjusted Gross Income (AGI): \_\_\_\_\_

U.S. Income Tax Paid: \_\_\_\_\_

Untaxed portions of IRA distributions: \_\_\_\_\_

Untaxed portions of Pensions: \_\_\_\_\_

IRA deductions and payments: \_\_\_\_\_

Tax-exempt Interest Income: \_\_\_\_\_

**Non-Tax-Filers:**

Earned income from work: \_\_\_\_\_

Household size: \_\_\_\_\_

Education credits: \_\_\_\_\_

**F. HIGH SCHOOL COMPLETION**

Please select your high school completion status:

- High School Diploma                       GED

Please provide the following information regarding your high school:

Name of High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**G. VERIFICATION OF IDENTITY FOR VERIFICATION TRACKING GROUPS V4 AND V5**

To complete V4 or V5 identity verification, a student must present an unexpired, valid, government-issued photo identification such as a U.S. passport, a driver’s license, or other state-issued ID.

Please select one:

- The student appeared in-person and presented acceptable identification to an institutionally authorized individual.
- The student was unable to appear in-person and appeared on a video call with institutional personnel and presented the acceptable identification to an institutionally authorized individual.
- The student was unable to appear in-person and provided the institution with a copy of the acceptable identification presented to a notary and a signed notary statement.
- The student is a confined or incarcerated individual and was verified by an authorized official at the correctional facility where the individual is confined or incarcerated.

**H. CERTIFICATION & SIGNATURE**

Each person signing below certifies that all the information reported is complete and correct.

**WARNING:** If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

\_\_\_\_\_  
Student’s Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Signature (Optional)

\_\_\_\_\_  
Date

**To Be Completed by Financial Aid Certifying Officer:**

\_\_\_\_\_  
Certifying Officer’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifying Officer’s Name



**Mail completed and signed documents to:**

**UCSF Student Financial Services  
500 Parnassus Avenue MU-201W  
San Francisco, CA 94143-0246**