

Last Name: _____ First Name: _____ M.I.: _____

Student ID# or SSN: _____ D.O.B.: _____ Telephone: _____

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The federal government requires that prior to awarding Federal Student Aid, the school may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, CCC will compare your FAFSA with the information on this worksheet and with any other required documents. Based on the information provided, your FAFSA information may need to be corrected.

A. Dependent student's family information

List the people in your household. Include:

- Yourself.
- Your spouse, if you are married (do not include spouse if you maintain separate residences due to separation).
- Your children, if you will **provide more than half of their support from July 1, 2026, through June 30, 2027, or if the children would be required to provide information if they were completing a FAFSA for 2026-2027. Include children who meet either of these standards, even if they do not live with you. You should not include any unborn children.**
- 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 through June 30, 2027.**

Last Name	First Name	Age	Relationship
			SELF

B. Benefits Received

At any time during 2024 or 2025 did you (or your spouse) or anyone in your household receive benefits from any of the federal programs listed?

- | | | |
|---|---|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Benefits |
| <input type="checkbox"/> Free or Reduced Price School Lunch | <input type="checkbox"/> Welfare (TANF, AFDC, TCA, etc.) | <input type="checkbox"/> WIC Benefits |
| <input type="checkbox"/> Earned Income Tax Credit (EITC) | <input type="checkbox"/> Federal Housing Assistance | <input type="checkbox"/> Refundable Credit for Coverage under a Qualified Health Plan (QHP) |

C. Asset Information

Asset Information	Current Net Worth	
	Student	Spouse
Cash, Savings, and Checking Accounts (as of today's date)	\$	\$
Investments: Including real estate (not including the home you live in), trust funds, UGMA/UTMA accounts, money market funds, mutual funds, CD's, stocks, stock options, bonds, installments and land sale contracts (including mortgages held), commodities, qualified education benefits or savings accounts, etc. Do not include the value of your car.	\$	\$
Business/Investment Farm Value: The net worth of your business or for-profit farm (only if over 100 employees); net worth is value minus any debt.	\$	\$

(continued on other side)
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

D. Child Support Received

Did any member of your household receive child support in 2024 or 2025? No Yes (complete below)

Name of Person Who Was Required to Pay Child Support	Name of Person to Whom Child Support Was Paid	Name of Child for Whom Child Support Was Paid	Amount of Child Support Paid in 2024
			\$
			\$
			\$

E. Household Income/Tax Return Information

If you and your spouse (if applicable) filed or will file a 2024 IRS income tax return **AND** were unable to transfer your Federal Tax Information (FTI) using the FUTURE Act Direct Data Exchange (FA-DDX) to your 2026-2027 FAFSA, complete **ONE** of the following steps:

1. Visit IRS.gov and print a copy of your **TAX RETURN TRANSCRIPT (not an account transcript)**. If you cannot print out a copy, you can request a copy be mailed to you. This process takes 5 to 10 business days. **-OR-**
2. Call the IRS at 1-800-908-9946 to request a copy of your **TAX RETURN TRANSCRIPT (not an account transcript)** to be mailed to you. This process takes 5 to 10 business days.

STUDENT	SPOUSE (if applicable)																				
<p><i>If you did not file a 2024 Tax Return, please complete an IRS 4506-T (located at IRS.gov) and provide us with the Verification of Non-Filing Letter that the IRS will send you.</i></p> <p style="text-align: center;">Please check one of the below:</p> <p><input type="checkbox"/> I consented, approved, and shared my FTI on my FAFSA with the FA-DDX OR have provided my 2024 tax return transcript/signed 1040.</p> <p>-OR-</p> <p><input type="checkbox"/> I worked but did not file a 2024 Tax Return AND I am not required to do so. I have enclosed my 2024 W2s, 1099s, and Letter of Non-Filing from the IRS.</p> <p style="text-align: center;">Please complete the table below:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>EMPLOYER</th> <th>INCOME</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>-OR-</p> <p><input type="checkbox"/> I did not work in 2024 and did not file a 2024 Tax Return. I have enclosed my Letter of Non-Filing from the IRS.</p>	EMPLOYER	INCOME									<p><i>If you did not file a 2024 Tax Return, please complete an IRS 4506-T (located at IRS.gov) and provide us with the Verification of Non-Filing Letter that the IRS will send you.</i></p> <p style="text-align: center;">Please check one of the below:</p> <p><input type="checkbox"/> I consented, approved, and shared my FTI on my FAFSA with the FA-DDX OR have provided my 2024 tax return transcript/signed 1040. Both parents must contribute to the FAFSA if applicable.</p> <p>-OR-</p> <p><input type="checkbox"/> I worked but did not file a 2024 Tax Return AND I am not required to do so. I have enclosed my 2024 W2s, 1099s, and Letter of Non-Filing from the IRS.</p> <p style="text-align: center;">Please complete the table below:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>EMPLOYER</th> <th>INCOME</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>-OR-</p> <p><input type="checkbox"/> I did not work in 2024 and did not file a 2024 Tax Return. I have enclosed my Letter of Non-Filing from the IRS.</p>	EMPLOYER	INCOME								
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F. Return this form and supporting documentation to the Financial Aid office.

Email: FinancialAid@carrollec.edu

Mailing address: Carroll Community College

Phone: 410-386-8437

Financial Aid Office

1601 Washington Road

Fax: 410-386-8441

Westminster MD 21157

Certification and Signature

By signing and dating this form, I attest that I have read this form in full and the information I have provided is, to the best of my knowledge, complete and accurate. The student and parent must sign and date this form.

Student's Signature _____

Date _____

Office Use Only:
24-25 V-IWork
UG Finaid Verification
Supervisor Initial Below:

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