

**2026 - 2027 FAFSA  
Verification Worksheet for  
Independent Students**

Student Financial Services  
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VRF27I

Before your financial aid for the 2026/2027 academic year can be finalized, federal regulations require certain data from your Free Application for Federal Student Aid (FAFSA) be verified for accuracy. For FAFSA Verification purposes, you are classified as **Independent** if your parent(s) were NOT REQUIRED to provide their data on your FAFSA. If you were required to enter your parent's information on your FAFSA, you will need to complete the FAFSA Verification Worksheet for dependent students. This form can be found here: <Add link>

**Independent Students** complete all sections of this form using black ink per instructions in each section.

|                                                                                                               |                        |
|---------------------------------------------------------------------------------------------------------------|------------------------|
| Student: _____                                                                                                | 700 _____              |
| Last Name                      First                      M.I.                                                | UCM ID number          |
| _____                                                                                                         |                        |
| Permanent/Home Mailing Address                                                                                | Permanent/Home Phone # |
| _____                                                                                                         |                        |
| City                                              State                                              Zip code | Student Phone Number   |

**Section A: Independent Family Information**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Independent Students:</b> At the bottom of this page, list the people in your home including:</p> <p><b>-You and your current spouse</b> (if married and living together)</p> <p><b>-Your dependent children:</b> If they live with you (or are apart due to college enrollment) AND they currently receive more than ½ of their financial support from you and will continue to until June 30, 2027.</p> <p><b>-Other persons:</b> IF they live you and they currently receive more than ½ of their financial support from you and will continue to until June 30, 2027.</p> <p><b>-Do NOT include any unborn children.</b></p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Full Name (incl all family members as described above) | Age | Relationship to student (add relationships as needed) |
|--------------------------------------------------------|-----|-------------------------------------------------------|
|                                                        |     | Self                                                  |
|                                                        |     | Spouse                                                |
|                                                        |     |                                                       |
|                                                        |     |                                                       |
|                                                        |     |                                                       |
|                                                        |     |                                                       |
|                                                        |     |                                                       |

**IMPORTANT: Students and Spouses:** As part of the federal student aid eligibility students and spouses are required to consent and approve sharing and importing income and tax information from the IRS to the FAFSA Form, even if the attempt to obtain or use such data is ineffective. In other words, if the student and spouse filed separate 2024 IRS income tax or one or both did not file taxes, both must provide consent and approval to share and import income and tax information from the IRS.

**Section B: 2026 - 2027 Income Verification – Independent Student & Spouse** (if applicable)

**Students:** Report below your and your spouse’s (if married) 2024 tax/wage information.

| Student                  | Spouse                   | Select <u>one</u> option below each. If you are <b>currently unmarried</b> , Spouse information is not needed.                                             | Submit the following required documents.                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I, the student/spouse, filed or will file a 2024 federal tax return (IRS Form 1040).                                                                       | IF you were required to manually enter your tax information on the FAFSA, <b>submit</b> a copy of either your signed 2024 federal tax return (IRS form 1040) with Schedules 1,2, and 3 OR all pages of your 2023 IRS Tax Return Transcript available at <a href="http://www.irs.gov/individuals/get-transcript">www.irs.gov/individuals/get-transcript</a> .                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I, the student/spouse, corrected my 2024 federal tax return using an amended tax return (IRS Form 1040X)                                                   | IF you were required to manually enter your tax information on the FAFSA, <b>submit</b> a copy of both pages of your signed 2024 Form 1040X AND <b>submit</b> either a copy of your original signed 2024 federal tax return (IRS form 1040) with Schedules 1, 2, and 3 OR your 2024 IRS Tax Return Transcript available at <a href="http://www.irs.gov/individuals/get-transcript">www.irs.gov/individuals/get-transcript</a> |
| <input type="checkbox"/> | <input type="checkbox"/> | I, the student/spouse, did not work in 2024 and I have not/will not file a 2024 Federal tax return (IRS Form 1040)                                         | Complete the <b>Income Information</b> section below for any source of income received in 2024. AND IF you/your spouse <b>do(es) not have</b> a SSN, ITIN or EIN, <b>attach</b> a signed statement indicating the lack of a SSN, ITIN or EIN and <b>proof of non-filing</b> from the tax authority.                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | I, the student/spouse, worked in 2024, but I am not required to file a federal tax return (IRS form 1040) and have not/will not file a federal tax return. | <b>Submit copies</b> of any W-2s or equivalent forms received. Complete the <b>Income Information</b> section below for every source of income received in 2024 AND IF you/your spouse <b>do(es) not have</b> a SSN, ITIN or EIN, <b>submit</b> a signed statement indicating the lack of a SSN, ITIN or EIN and <b>proof of non-filing</b> from the tax authority.                                                           |

**Income Information** for non-tax filers. Complete this section only for student/spouse who **did not file taxes** (checked either of the last two options above). Include who earned/received the income, name of the employer/source, amount received and whether a W-2 or equivalent (such as a Form 1099) was provided by the employer/source.

| Student | Spouse | Employer’s or Source’s name<br>(If no income from any employer/source enter N/A). | IRS W-2 or Equivalent Document provided to you by the source (answer Yes or No) | Annual Amount Received in 2024 |
|---------|--------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------|
| X       |        | (example) ABC’s Auto Body Shop                                                    | YES                                                                             | \$4523.42                      |
|         |        |                                                                                   |                                                                                 |                                |
|         |        |                                                                                   |                                                                                 |                                |
|         |        |                                                                                   |                                                                                 |                                |
|         |        |                                                                                   |                                                                                 |                                |

**Section D: Certifications and Signatures (For Independent Students)**

By signing below I certify that all of the information reported on these pages is complete and correct. I understand my signature is required. I understand intentionally providing false, inaccurate or misleading information can result in federal penalties.

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date