



THE MASTER'S UNIVERSITY

2026 - 2027 Federal Verification Worksheet

WHAT IS VERIFICATION?

Your application was selected by the U.S. Department of Education for review in a process called "Verification." The Office of Financial Aid must compare your FAFSA with the information you provide on this worksheet and possibly other financial documents.

WHAT ARE THE STEPS?

- 1. Fill in and sign this worksheet - you and at least one parent (if dependent) must sign the form. The form can be completed by hand with black or blue ink, or completed electronically (the signature must be handwritten).
2. Complete the IRS Data Retrieval through FAFSA. (Visit our website www.masters.edu/verify for more information).
3. If you cannot complete Step 2, you may order a TAX RETURN TRANSCRIPT from the Internal Revenue Service Online at www.irs.gov or by phone at 1-800-908-9946. Obtain a 2024 Federal IRS Tax Return Transcript and W-2 forms for yourself, your spouse (if married) or your parents/step-parent (if dependent).
4. Review your FAFSA, Missing Information letters from the Office of Financial Aid, and the second page of this worksheet to see if you need to submit other documentation.
5. If you filed an extension, filed an amended return, were a victim of tax-related identity theft, or filed non-IRS income tax return, please visit www.masters.edu/verify for instructions about sending in additional documentation.

A. STUDENT AND FAMILY INFORMATION

Social Security Number: [] [] [] [] [] [] [] [] [] Last Name: First Name: MI:
Address: City: State: Zip:
Date of Birth: Phone Number:

Write the name of all household family members including yourself. Also write the name of the college for any family member who will be attending college at least half-time between July 1, 2026 and June 30, 2027 and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

FOR INDEPENDENT STUDENTS: List the people that you (and your spouse) will support between July 1, 2026 and June 30, 2027. Include yourself, your spouse, and your dependent children. Include other people only if they now live with you and you provide more than half their support and will continue to provide more than half their support from July 1, 2026 - June 30, 2027. Exclude children/siblings whom are wards of the state, i.e. foster care.

DEPENDENT STUDENTS: List all the people in your household between July 1, 2026 and June 30, 2027. Include yourself, your parents, and your parents' other children if (a) your parents provide more than half of their support or (b) the children would be required to provide parental information when applying for Federal Student Aid. Include other people only if they now live with your parents and receive, and will continue to receive, more than half their support from them between July 1, 2026 and June 30, 2027. Exclude children/siblings whom are wards of the state, i.e. foster care.

Table with 4 columns: NAME, AGE, RELATIONSHIP, COLLEGE. Row 1: Self, The Master's University

Continued on the other side

B. STUDENT'S (AND SPOUSE'S) INCOME AND BENEFITS INFORMATION

Check the appropriate boxes below and provide the requested information and documents:

- I used the IRS Data Retrieval Tool (after my 2024 taxes were completed and processed by the IRS) to transfer my 2024 income information to the FAFSA and made no further changes to the information.
- I did not (or could not) transfer my 2024 income information to the FAFSA using the IRS Data Retrieval Tool. I have attached a copy of my **2024 IRS Tax Return Transcript(s)**.
- I was not required to file a 2024 Federal Income Tax Return. [Attach your W-2 Forms from all sources of earned income. Please list sources and amounts of any earned income received in 2024 for which there is no W-2. **(Enter "No Job" under "Employer Name," if you did not work).**]

EMPLOYER NAME	2024 AMOUNT EARNED
	\$
	\$

- In 2024 or 2025, I received **food stamps (SNAP)** benefits. [Attach a copy of your EBT pay history or a photocopy of your food stamps (SNAP) card.]
- I paid **child support** in the amount of \$_____ in the year 2024 to _____ residing at _____ for the following children: _____.
- (yearly total) (name of child support recipient(s))
(recipient's address) list name of each child

C. PARENT'S INCOME AND BENEFITS INFORMATION

Check the appropriate boxes below and provide the requested information and documents:

- I used the IRS Data Retrieval Tool (after my 2024 taxes were completed and processed by the IRS) to transfer my 2024 income information to the FAFSA and made no further changes to the information.
- I did not (or could not) transfer my 2024 income information to the FAFSA using the IRS Data Retrieval Tool. I have attached a copy of my **2024 IRS Tax Return Transcript(s)**.
- I was not required to file a 2024 Federal Income Tax Return. [Attach your W-2 Forms from all sources of earned income. Please list sources and amounts of any earned income received in 2024 for which there is no W-2. **(Enter "No Job" under "Employer Name," if you did not work).**]

EMPLOYER NAME	2024 AMOUNT EARNED
	\$
	\$

- In 2024 or 2025, I received **food stamps (SNAP)** benefits. [Attach a copy of your EBT pay history or a photocopy of your food stamps (SNAP) card.]
- I paid **child support** in the amount of \$_____ in the year 2024 to _____ residing at _____ for the following children: _____.
- (yearly total) (name of child support recipient(s))
(recipient's address) list name of each child

D. CERTIFICATION

I certify that all the information reported to qualify for Federal student aid is complete and correct.

Student's Signature: _____ Date: _____
Electronic signatures are not accepted

Spouse's Signature: _____ Date: _____
Electronic signatures are not accepted

Parent's Signature: _____ Date: _____
Electronic signatures are not accepted