

STUDENT FINANCIAL SERVICES 1900 West Olney Avenue Philadelphia, PA 19141-1199

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2026-2027 DEPENDENT Verification Worksheet

Verification Group V5

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification".

The following items are required prior to a financial aid award being finalized:

- (1) This completed and signed Verification Worksheet.
- (2) Your 2024 Federal Tax Return Transcript (if Future Act Direct Data Exchange FA-DDX was not utilized), or if applicable, the Statement of Non-Filing in Option 2. Any W-2 or 1099 statements from 2024.
- (3) Your Parent(s)' 2024 Federal Tax Return Transcript (if Future Act Direct Data Exchange FA-DDX was not utilized), or if applicable, the Statement of Non-Filing in Option 2. Any W-2 or 1099 statements from 2024.

If there are any differences between your FAFSA information and your financial documents, LaSalle University may need to make corrections to your record.

Section A: Student's Information	
Last Name, First Name, M.I.	Student ID Number
Street Address	Date of Birth
City, State, Zip Code	Phone Number

Section B: Dependent Student's Family Information

List below the people in your parent(s)' household. Include:

- The student.
- The parents (including a stepparent)
- The parents' other children if the parents will provide more than half of the children's support. Other people if they now live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2027.
- Indicate who in your household (excluding parents) who is or will be attending an institution of higher education at least half-time from July 1, 2026 to June 30, 2027.

If more space is needed, attach a separate page with the student's name and Student ID Number at the top.

Full Name	Age	Relationship	Name the College the Household	Did/Will this person file a
			Members are Currently Attending	2024 Federal Tax Return?
		Self	LaSalle University	Yes No
				Yes No
		_		Yes No

Note: We may request additional documentation if we have reason to believe the information is inaccurate.

Student's Name:	Student ID #	
Section C: Student Tax Filing Status for calendar year	ar 2024: Please complete Option 1 <i>or</i> Option	on 2.
Option 1: Student filed a 2024 IRS Tax Return: Please s	select an option below.	
Future Act Direct Data Exchange FA-DDX was used to	file FAFSA <i>or</i> ,	
2024 IRS Tax Return Transcript is attached. To obtain click "Get Your Tax Return".	an IRS Tax Return Transcript go to www.ir	es.gov and
Option 2: Student was a Non-tax Filer for calendar year I certify that I did not, and am not required to file a 2024		ion below.
Student was not employed and had no income earned	from work in 2024.	
Student was employed in 2024, but did not file a federal employers and amount earned in 2024. You will be requi	-	-
Employer's Name	2024 Amount Earned	
Section D: Parent Tax Filing Status for calendar year	ar 2024: Please complete Option 1 <i>or</i> Option	on 2.
Option 1: Parent(s) filed a 2024 IRS Tax Return: Plea	ase select an option below.	
Future Act Direct Data Exchange FA-DDX was used to f	ile the FAFSA <i>or</i> ,	
2024 IRS Tax Return Transcript is attached. To obtain click "Get Your Tax Return."	an IRS Tax Return Transcript go to www.ir	s.gov and
Option 2: Parent(s) was a Non-tax Filer for calendar I certify that I did not, and am not required to file a 2024 I official IRS Verification of Non-Filing Letter, go to www.irs.below.	J.S. Federal Tax return. You are required to	
Parent(s) were not employed, and did not earn income	from work in 2024.	
Parent(s) were employed in 2024, but did not file a fed employers and amounts earned in 2024. You will be requ	-	=
Employer's Name	2024 Amount Earned	

Section E: Identity

Name of Student: _

The section must be completed and signed in the presence of either a LaSalle University Financial Aid Administrator or a Notary Public.

Do not complete this section in advance.

The student must appear in person at LaSalle University to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the

First Name

Student ID#:

M.I.

Identity (To be signed at the Institution)

Last Name

authorized to rec	ed and reviewed, and the name of the official at the institution rive and review the student's ID. In addition, the student must sign, i	
the presence of the	e institutional official, the Statement of Educational Purpose provide	a
below.		
	If Submitting in Person: Present this form with original valid government-issued photo ID To be completed by a LaSalle UniversityFinancial Aid Administrator.	
ID Type:		
ID Number:	Exp. Date:	
FAA Name:		
FAA Title:		
FAA Signature:	Date:	

Identity (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at LaSalle University to verify his or her identity, the student must provide to the institution:

(a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport. These forms will not be accepted if they are faxed or scanned to the Office of Student Financial Services. We HAVE to be in receipt of all these original documents. Student's Signature Date Student's ID Number If Submitting by Mail: Send this form with photocopy of valid government-issued photo ID To be completed in the presence of a Notary Public. State of: **City/County of:** Date: Before me. (print Notary's name): Personally Appeared, (printed name of signer): Proved to me on the basis of satisfactory evidence of identification: (type of unexpired government-issued photo ID provided) To be the above -named person who signed the foregoing instrument. Signed: My commission expires on: (Notary Signature) Witness my hand and official seal

Section F: Certification and Signatures

Parent's Signature

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

ient and one parent whose information was	reported on the FAFSA must sign and date.
Print Student's Name	Student's ID Number
Student's Signature	Date

Date