

## 2026-2027 Verification Worksheet

Your 2026-27 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called “verification” which compares information from your FAFSA with 2024 federal income tax data and other information. If there are any differences, your FAFSA information may need to be corrected. During this review, we may ask for additional information. Complete and return this worksheet and any other required documents as soon as possible to avoid any processing delays. Financial aid will not be disbursed (paid) until the verification process is completed. Federal law requires Purdue University Northwest to review this information under federal code 34CFR, Part 668.

### What you should do next:

1. Complete and sign this Verification Worksheet.
2. Submit this Verification Worksheet, requested documents and *other documents only as needed based on answers to section 2 (i.e. signed 2024 IRS Tax Returns and applicable schedules or Tax Return Transcripts)* to the Office of Financial Aid.
3. If you and/or your spouse, filed or will file an amended 2024 IRS Tax Return, contact the PNW Office of Financial Aid.

**Note:** the deadline for submitting verification documents is **September 1, 2027**. Verification must be completed by September 30, 2027, or 120 days after your last day of enrollment for 2026-27, whichever is earlier.

### SECTION 1: To be completed by all students.

#### A. Student Information

|                            |       |          |                                         |
|----------------------------|-------|----------|-----------------------------------------|
| Last Name                  | First | MI       | PUID                                    |
| Address (include apt. no.) |       |          | Date of Birth (mm/dd/yyyy)              |
| City                       | State | ZIP code | Home Phone Number (including area code) |
| E-Mail Address             |       |          | Cell Phone Number (including area code) |

#### B. Family Information

List the people in your household, include:

- Yourself and your spouse if married.
- Your children, if you will provide **more than half** of their support from July 1, 2026 through June 30, 2027, even if they did not live with you.
- 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 from July 1, 2026 through June 30, 2027.

Write the names of all household members in the space(s) below. If you require additional space, please attach a separate page.

| Full Name | Age | Relationship |
|-----------|-----|--------------|
|           |     | Self         |
|           |     |              |
|           |     |              |
|           |     |              |
|           |     |              |
|           |     |              |

(Continue on back if needed)

**SECTION 2:** Complete this section *ONLY* if you did **NOT** give consent to transfer your 2024 tax information directly from the IRS to your FAFSA via the Future Act Direct Data Exchange (FA-DDX) *or* you made manual entries to report 2024 tax information.

**Student's Tax Information:** (Check only one box below)

- ☐ I will provide a signed 2024 IRS Tax Return and applicable schedules or Tax Return Transcript. A Tax Return Transcript may be requested from the Internal Revenue Service on-line at [www.irs.gov](http://www.irs.gov) or by calling 1-800-908-9946. **And**, if you filed an Amended Income Tax Return, you must also attach a signed copy of your 2024 IRS Form 1040X that was filed with the IRS.
- ☐ Check here if you do not have a Social Security Number, Individual Taxpayer Identification Number or Employer Identification Number
- ☐ Check here if you will not file and are not required to file a 2024 Federal tax return.  
**Note:** If you received income in 2024 but did not file and are not required to file a 2024 Federal tax return, list below your employer(s) and all income you received. **Attach copies of all 2024 W-2 forms and other earnings statements for each source of income received. If you did not earn income in 2024, enter zero in both columns.**

| Sources of Income | 2024 Amount |
|-------------------|-------------|
|                   | \$          |
|                   | \$          |
|                   | \$          |
|                   | \$          |

**Spouse's Tax Information:** (Check only one box below)

- ☐ Check here and attach your spouse's 2024 IRS Tax Return or Tax Return Transcript. A Tax Return Transcript may be requested from the Internal Revenue Service on-line at [www.irs.gov](http://www.irs.gov) or by calling 1-800-908-9946. **And**, if your spouse filed an Amended Income Tax Return, you must also attach a signed copy of your spouse's 2024 IRS Form 1040X that was filed with the IRS.
- ☐ Check here if you do not have a Social Security Number, Individual Taxpayer Identification Number or Employer Identification Number
- ☐ Check here if your spouse will not file and is not required to file a 2024 Federal tax return.  
**Note:** If your spouse received income but did not file and is not required to file a 2024 Federal income tax return, list your spouse's employer(s) and any income they received below. **Attach copies of all 2024 W-2 forms and other earnings statements for each source of income received. If your spouse did not earn income in 2024, enter zero in both columns.**

| Sources of Income | 2024 Amount |
|-------------------|-------------|
|                   | \$          |
|                   | \$          |
|                   | \$          |
|                   | \$          |

**SECTION 3: Certifications and Signatures**

**Federal Warning:** Any person who knowingly makes a false statement or misrepresentation on all forms submitted shall be subject to a fine and/or imprisonment under provisions of the U.S. Code. By signing this Verification Worksheet, I (we) certify that all information reported on it is true, complete and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature (optional)

\_\_\_\_\_  
Date

**Return this form and any other requested information to the Office of Financial Aid.**

Office Use Only-RRAREQ: \_\_\_\_VSVW27 (R) \_\_\_\_VSTT27 (C/R) \_\_\_\_ VSW27 (R) \_\_\_\_VSAT27 (R)

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