Office of Financial Aid
One Winooski Park, Box 4
Colchester, VT 05439
Tel. 802-654-3243
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2026-2027 Independent Student Verification Worksheet

Student Name:_____ SMC ID#_____

Household Information:

Please list the name, age and relationship to the student of each member of your household. Enter the name of the college at which members of the household will be enrolled at least half-time in a degree or certificate program between July 1, 2026, and June 30, 2027. Always include yourself. Do not include household members who are in U.S. military service academies.

Include the following people in your household:

- Yourself
- Your spouse
- Your children, if you will provide more than half of their support between July 1, 2026, and June 30, 2027
- 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 between July 1, 2026, and June 30, 2027.

Full Name	Age	Relationship	College
		Self	

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Tax Filing Status and Income from Work: Check only **one** box below that applies to you (and your spouse's) **2024** tax filing status and provide any requested information.

☐ I/we have filed or will file a **2024** U.S. or foreign income tax return (IRS Form 1040, 1040PR or similar foreign tax return). Please do **one** of the following:

- Update your 2026-2027 FAFSA with your unaltered **2024** IRS tax return information using the FAFSA-IRS Data Retrieval process **OR**;
- Provide a copy of your **SIGNED 2024** IRS Tax Return or Tax Return Transcript and all **2024** W-2 Statements

☐ I/we have not, will not and am not required to file a **2024** US or foreign income tax return, but I did earn income from work in **2024**. Please do **both** of the following:

- Provide an IRS Verification of Non-filing Status Letter dated on or after October 1, 2025, **AND**
- In the table below, list the sources and amounts of all income earned from work in calendar year **2024** (including SMC income) and provide **2024** W-2 Statements.

Name of Wage Earner	Name of Employer	Amount Earned in 2024
Total **2024** Earnings		$

☐ Check here only if neither you nor your spouse (if applicable) earned any income from work in **2024** and were not required to file a **2024** tax return**.** You must provide an IRS Verification of Non-Filing Status Letter dated on or after **October 1, 2025**. Do not enter any information in the table above, leave it blank.

CERTIFICATION: I certify that all the information reported on this form is true, complete and correct. I understand that any false statements could be cause for denial, reduction, withdrawal or repayment of financial aid.

Please print, sign and date before submitting. We CANNOT accept digital signatures.

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

_____ _____
Student Signature Date

_____ _____ _____
Spouse Signature Spouse Printed Name Date