

2026-2027 Verification Worksheet

A. Student Information

First Name	M.I.	Last Name	Student ID # (DO NOT INCLUDE SSN)
Phone Number (include area code) or Email			Date of Birth

B. Student's Family Information

You are an **independent student** if you:

- Were Born Before 1/1/2003
- Are Married
- Are Active-Duty U.S. Military/ Veteran of the U.S. Armed Forces
- Have a child(ren) and/or dependents for which you provide the majority of financial support
- Have a Legal Guardian/are an Orphan/Ward of Court/are Legally Emancipated
- Are an Unaccompanied Homeless Youth on or after 7/1/26

You are a **dependent student** if you do not meet any of the criteria above

Independent Students: List yourself, your spouse, your dependent children who live with you, and other people living with you that you financially support from July 1, 2026 - June 30, 2027.

Dependent Students: List yourself, your parent(s), siblings that live with your parent(s), and the people that your parent(s) support from July 1, 2026 - June 30, 2027.

Full Name	Age	Relationship
YOURSELF		SELF

Please contact the office of Financial Aid with any questions:

Iowa Western Financial Aid | Clark Hall | 2700 College Road | Council Bluffs, IA 51503
FinancialAid@iwcc.edu | 800.432.5852 or 712.325.3277 | Fax 712.388.6803 | iwcc.edu

C. Income Information:

Please mark the appropriate box with an 'X' for yourself, your spouse if you are married or your parent(s) if you are a dependent student. CHOOSE ONLY ONE BOX PER PERSON:

	I earned no income from work in 2024	I filed taxes in 2024	I earned income in 2024 but did not file taxes
Yourself			
Parent 1 (if dependent)			
Parent 2 (if dependent)			
Spouse (if married)			
Action to Take	Skip to Section E	Skip to Section E	See Part D

D. What Documentation Do I Need?

Submit copies of 2024 W-2s for anyone who earned income in 2024 but did not file taxes. This includes yourself, your spouse if you are married or your parent(s) if you are a dependent.

	Amount earned from work in 2024	Employer's Name
Yourself	\$	
Parent 1 (if dependent)	\$	
Parent 2 (if dependent)	\$	
Spouse (if married)	\$	

E. Certification and Signature

I understand that this information will be reviewed, and I may be asked to provide additional documentation or clarification pertaining to my situation stated above. By signing this form, I certify under penalty of perjury, that all the information reported to qualify for federal student assistance is complete and accurate. If I give false or misleading information on this worksheet, I may be fined, be sentenced to jail, or both.

Student's Signature

Date

Parent's Signature (Dependent Student)

Date

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