

# ALPENA COMMUNITY COLLEGE

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## COMMUNITY COLLEGE

# 2026-2027 Verification Worksheet for Independent Student

Your 2026–2027 FAFSA was selected for a review process called verification. Federal rules require us to confirm the information you reported before we can award financial aid. We will compare your FAFSA with this verification form and any other documents we request. If we find differences, your FAFSA may need to be corrected. You and your spouse (if married) must complete and sign this form, attach all required documents, and submit everything to us. We may request additional information. If you have questions, please contact us promptly to avoid delays in your aid.

**A. Student Information (Please print clearly)**

Last Name	First Name	M.I.	ACC Student ID or Social Security Number
Address (include apartment number)			Date of Birth
City	State	Zip Code	Phone Number (include area code)

## **B. Family Information**

**List the people in your family, and include:**

- Yourself and your spouse (if applicable), and
- Your dependent children\* if they live with you or live apart due to a period of temporary absence (e.g., college enrollment), and parent provides and will continue to provide **more than half of their support** from July 1, 2026 through June 30, 2027.
- Other persons\* 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.

*\*The provided criteria for “dependent children” or “other persons” mirror the requirement that family size align with those the student could claim as a dependent on a U.S. tax return if the student were to file a U.S. tax return at the time of completing the 2025-2026 FAFSA. As a result, the student should not include any unborn children in the family size.*

**Write the names, ages and relationship of ALL family members in the spaces below.**

In the last column, write in the full name of the college for any listed family member who will be attending college **at least half-time** between July 1, 2026 through June 30, 2027 and will be enrolled in a degree or certificate program as a regular student (**do not designate a college if the person is early college or dual enrolled**).

If you need more space, attach a separate page.

## C. Tax Information- required

**Using the three methods provided below, select which option applies to each person.**

*Example:* Student used the FAFSA FTI and FAFSA Privacy Consent method, select option “A.” If the student’s spouse did not file, select option “C” and complete table below.

**Student** (check one):

A

B

C

**Student’s Spouse** (check one):

A

B

C

- A.** FAFSA FTI Approval and FAFSA Privacy Consent was/will be used to provide tax information on the FAFSA. *See enclosed Tax Return Transcript Request Method 1 if you have not yet transferred your taxes. (If you checked this box, sign and return form to FA office).*
- B.** An IRS Tax Return Transcript **OR** a signed and dated copy of the 2024 federal income tax return (Form 1040) with Schedule 1 and Schedule 3 will be submitted. Married parents who file separate tax returns must provide a transcript for each filer. *See enclosed IRS Tax Return Transcript Request Method 2. (If you checked this box, sign and return form to FA office).*
- C.** By checking this box, I (and/or my spouse) certify that we did not file, and I/we were not required to file a 2024 Federal Income Tax Return, and have listed all income earned from work, other income, and resources for the 2024 tax year. **You are required to provide copies of all 2024 W-2 forms for all sources of earned income and submit a copy of the non-filing letter from the IRS (see enclosed IRS Tax Return Transcript Request Method 3). If you cannot provide a W-2 form for a source, explain why.** Complete table below, listing all sources of income and amounts of earnings, other income, foreign income earned, and resources that supported the individual(s) for 2024 tax year, *if you had no income in 2024, write the word “NONE” under source of income.*

**If Option “C” was selected, fill in the table below:**

Source of Income/Employer’s Name	Name of person who earned income	2024 Amount Earned	Check if W-2 was included, if not explain
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

## Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

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

X

Student Signature

Date

X

Contributor/Spouse Signature

Date

**Return to ACC Financial Aid Office, 665 Johnson Street, Alpena, MI 49707 or Fax to 989-358-7541.  
For more information, call 989-358-7286.**