



2025-26 DEPENDENT VERIFICATION WORKSHEET

V5 - Aggregate Verification

Your FAFSA application was selected by the Department of Education for a process called Verification at Lower Columbia College (LCC). The Financial Aid Office will compare information from your FAFSA application with the documentation you provide through this form. The law requires the college to collect and verify this information before awarding Federal Student Aid. If there is a difference between the information on your FAFSA and the information listed on this form, the college will make a correction to your FAFSA application electronically. The Financial Aid Office cannot process your financial aid without this information.

STUDENT INFORMATION

Last Name:	First Name:
Student ID #:	Email:

- All applicable sections of this form must be completed. If a section does not apply to you, write "NA".
- Steps 2 AND 3 of this form must be completed IN-PERSON at either LCC's Financial Aid Office / One-Stop Center – OR – in the presence of a notary, returning the original (wet-signed) document to the Financial Aid Office / One-Stop Center. Electronic copies/signatures are NOT acceptable.**
- The Financial Aid Office publishes a [quarterly priority deadline](#). Submission after this date may cause a delay in receiving your aid.
- It takes a minimum of 3-6 weeks to fully process students financial aid from the date all required documents have been submitted to the Financial Aid Office. Return this form as soon as possible.

STEP 1: STUDENT – TAX AND INCOME INFORMATION

These requirements apply to the student. Check applicable box below:

Read the options provided below carefully and select the correct option.

- ☐ I consented to use the Direct Data Exchange (DDX) and **DID NOT CHANGE** any information. (**No additional tax documents are needed**)
- ☐ I consented to use the DDX but **DID CHANGE** information by entering data manually or filed an amended 1040X tax return, so I am submitting a 2023 IRS Tax Return Transcript **OR** a signed copy of my/our 2023 Federal Tax Return (along with **ALL** applicable schedules) and **IF** applicable a signed copy of my amended 1040X tax return.
- ☐ I consented to use the DDX but **HAD NO INCOME** earned from work in 2023 and was not required to file a 2023 Federal Tax Return.
- ☐ I consented to use the DDX and **HAD INCOME** earned from work in 2023, but I was not required to file a 2023 Federal Tax Return.
 - Must submit W-2 forms for each employer.
 - List the names of all employers and the amount earned from each employer (see next page).

Attach Required Documents

Employer's Name	IRS W-2 Provided		Amount Earned in 2023
	Yes	No	\$
	Yes	No	\$
	Yes	No	\$
	Yes	No	\$



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Last Name:	First Name:
Student ID #:	Email:

STEP 2: STUDENT – IDENTITY VERIFICATION

PLEASE NOTE: If there is a difference between the name on your **FAFSA** and the name listed on this form, you will need to correct your **FAFSA application electronically**. The LCC One-Stop Center is available on campus in the Admissions building, by phone at 360-442-2322, or email financialaidoffice@lowercolumbia.edu if you have any questions or need assistance.

- ☐ I am appearing in person at Lower Columbia College with my original, unexpired, and valid government-issued photo identification (driver's license, state identification card, or passport). The college will maintain a copy of your photo ID that is annotated with the date it was received and reviewed, and the name of the official at the institution authorized to receive and reviewed your ID.
- OR –
- ☐ I live more than 50 miles from campus **AND** will be attending online classes only and therefore am unable to appear in person. I am attaching the **original notarized copy of my unexpired and valid government-issued photo identification** to this form (driver's license, state identification card, or passport).

STEP 3: STUDENT – STATEMENT OF EDUCATIONAL PURPOSE

- ☐ I am appearing in person at Lower Columbia College to sign the statement below (**you must sign this statement in front of financial aid/one-stop staff**).
- OR –
- ☐ I am unable to appear in person to submit the above statement and have had the statement notarized. LCC does not reimburse for any fees associated in the notarizing process (**you must sign this statement in front of a notary AND have notary complete the section on the top of Page 3**).

I, certify that I, _____, am the individual signing this Statement of Educational Purpose and that
(Print Student's Full Name)
the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Lower Columbia College for the 2025-2026 academic year.

Student's Signature: _____ Date: _____

MUST SIGN IN FRONT OF FINANCIAL AID/ONE-STOP STAFF OR NOTARY

STAFF REVIEW

Student Identification and FAFSA/ FA Status Page Name

LCC staff collected a copy of the student's photo ID, annotating the date it was received and who reviewed it. ☐

LCC staff confirmed both *Student Identification* and *FAFSA/FA Status Page name* are the same. ☐

FAFSA/FA Status Page name does not match *Student Identification*. LCC staff assisted student to update FSA-ID/FAFSA and submit a correction. ☐

Date FAFSA Correction Submitted: _____



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STUDENT INFORMATION

Student Name:

Student ID #:

NOTARY USE ONLY (ONLY USE IF NOT APPEARING IN PERSON AT THE ONE-STOP/FINANCIAL AID OFFICE)

State of _____

City/County of _____

On _____, before me, _____,
(Date) (Print Notary's name)

personally appeared, _____, and proved to me
(Printed name of signer)

because of satisfactory evidence of identification _____
(Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal (seal) _____
(Notary signature)

My commission expires on _____
(Date)

STEP 4: PARENT'S FAMILY SIZE INFORMATION

List the people in your family size including:

- You (the student).
- Your parents, even if they are unmarried **as long as they live together**.
- Your parents (including a stepparent, even if you are not living with them). Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- Your siblings if **ALL** of the following are true:
 - They live with your parents (or live apart because of college enrollment)
 - They receive **more than half** of their support from your parents
 - They will continue to receive **more than half** their support from your parents during the award year.
- Other people if **ALL** of the following are true:
 - They live with your parents
 - They receive **more than half** of their support from your parents
 - They will continue to receive **more than half** their support from your parents from July 1, 2025, through June 30, 2026.

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

Full Name	Age	Relationship to Student?
		<i>Self/Student</i>

NOTE: If more space is needed, provide an additional completed page.



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STUDENT INFORMATION

Student Name:

Student ID #:

STEP 5: PARENT(S)/STEP-PARENT – TAX AND INCOME INFORMATION

PARENT INFORMATION

Parent Full Name:

Email:

These requirements apply to both parent (s) **OR** parent and **current** spouse/step-parent (if applicable) in the family.

Read the options provided below carefully and select the correct option.

- ☐ I, or my spouse (if applicable), consented to use the Direct Data Exchange (DDX) and **DID NOT CHANGE** any information. **(No additional tax documents are needed)**
- ☐ I, or my spouse (if applicable), consented to use the DDX but **DID CHANGE** information by entering data manually or filed an amended 1040X tax return, so I am submitting a 2023 IRS Tax Return Transcript **OR** a **signed** copy of my/our 2023 Federal Tax Return (along with **ALL** applicable schedules) and **IF** applicable a **signed** copy of my amended 1040X tax return.
- ☐ I consented to use the DDX but **HAD A CHANGE IN MARITAL STATUS** from 2023. I am now **separated, divorced or widowed** from the spouse/joint filer on the 2023 tax return, so I am submitting a copy of my W-2(s) for separation of income.
- ☐ I, or my spouse (if applicable), consented to use the DDX but **HAD NO INCOME** earned from work in 2023 and was not required to file a 2023 Federal Tax Return.
- ☐ I, or my spouse (if applicable), consented to use the DDX and **HAD INCOME** earned from work in 2023, but I was not required to file a 2023 Federal Tax Return.
 - Must submit W-2 forms for each employer.
 - List the names of all employers and the amount earned from each employer (see next page).**NOTE:** If your income exceeds the threshold required to file, you are required to file a tax return before we can process your financial aid.

Attach Required Documents



Employer's Name	IRS W-2 Provided		Amount Earned in 2023
	Yes	No	\$
	Yes	No	\$
	Yes	No	\$
	Yes	No	\$

STEP 6: SIGN THE WORKSHEET

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

NOTE: If you are submitting notarized documents, the **ORIGINAL NOTARIZED DOCUMENTS** must be submitted to LCC.

FAO USE: If appearing in person, student must sign in front of LCC staff. All issues with identity must be reported to the Department of Education for purposes of tracking fraud. Notify the Financial Aid Director if there are issues verifying identity.

Received by:
(Print Name)

Signature:

Date:



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Lower Columbia College does not discriminate on the basis of sex and prohibits sex discrimination in any education program or activity that it operates, as required by Title IX, including in admission and employment. Lower Columbia College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, citizenship or immigration status, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, veteran or military status, or use of a trained guide dog or service animal as required by Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act and ADA Amendment Act, the Age Discrimination Act of 1975, the Violence Against Women Reauthorization Act and Washington State's Law Against Discrimination, Chapter 49.60 RCW and their implementing regulations. All inquiries regarding compliance with Title IX, access, equal opportunity and/or grievance procedures should be directed to Vice President of Foundation, HR & Legal Affairs, 1600 Maple Street, PO Box 3010, Longview, WA 98632, title9@lowercolumbia.edu, Phone number, (360) 442-2120, Phone number/TTY (800) 833-6388. The notice of nondiscrimination is located at <https://lowercolumbia.edu/disclosure/non-discrimination>.