2026-2027 Verification Worksheet
(Independent Student)

Your application was selected for review in a process called "Verification". The Financial Aid Office is required to compare information you reported on your FAFSA, to your **2024 Form 1040/U.S. Income Tax Return** and other required documentation. If there are differences between your FAFSA information and the documents you provide, Viterbo will make corrections to your FAFSA.

PLEASE PRINT LEGIBLY ON THIS FORM AND USE BLACK INK.

A. Student Information

Last Name **First Name** **M.I.** **(VU ID#)** or **(Last 4 digits of SSN)**

B. Income Questionnaire

Did you (student)/your spouse file a 2024 Form 1040/ US Income Tax Return? YES NO*
(*If your answer is "No" you must complete Section C. If your answer is "Yes" you may skip to Section D.)

C. Student/Spouse 2024 Income Information

I certify that I/we were not required to file a 2024 Form 1040/US Income Tax Return because (check one):

a. I/we had no income earned from working in calendar year 2024.

b. I/we had total income earned from working of $ _____ in 2024, less than IRS filing minimum.
(Must include copies of student/spouse 2024 W-2 and 1099 forms with this worksheet.)

D. Student Household Information

List the following people:

1. **Your Spouse, if you are currently married and living together.**

If you are NOT married, check here and continue on reverse:

Spouse Full Name	Age	Name of College Your Spouse Will Attend AT LEAST HALF TIME Fall 2026 and/or Spring 2027 (Enter "None" if not applicable)	Type of Degree Program During Fall 2026 and/or Spring 2027 (Associate, Bachelor, Advanced)

[D. Student's Household Information] continued on reverse

Student Last Name _____ (VU ID#) or (Last 4 of SSN) _____

D. Student Household Information (cont.) [You may be asked to provide proof of support for anyone listed in #4]

2. **Your Children.** List your children if they will live with you **and** will receive **more than half** of their support from you/your spouse from July 1, 2026 to June 30, 2027. Attach extra pages if necessary.
3. **Others.** List other persons if they will live with you **and** receive **more than half** of their support from you/your spouse from July 1, 2026 to June 30, 2027. Attach extra pages if necessary.
4. **CHECK HERE IF YOU HAVE NO CHILDREN OR OTHERS LIVING IN YOUR HOUSEHOLD AS DEFINED IN D2 OR D3 ABOVE:**

Full Name of Person Who Meets Criteria D2 or D3	Age	Relationship to Student	Primary Residence with Student (7/2026 to 6/2027)? Yes or No	This Person is Employed at Least 30 Hrs/Week? Yes or No	Name of College This Person Will Attend AT LEAST HALF TIME Fall 2026 and/or Spring 2027 (Enter "None" if not applicable)	Type of Degree Program During Fall 2026 and/or Spring 2027 (Associate, Bachelor's, Master's, PhD, etc.)

E. Sign this Worksheet

By signing this worksheet, I certify that the information reported is complete and correct. I will report changes to this information promptly.

Student signature _____ **Date** _____

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

Return this form to: Financial Aid Office – Viterbo University 900 Viterbo Drive La Crosse, WI 54601
Email: FinancialAid@viterbo.edu **(to submit form and questions)** **Phone: (608) 796-3900**