



2025-26 Financial Aid Verification Worksheet

Dependent Students

TSCC has received your 25-26 FAFSA. Your FAFSA was selected for a process called Verification. TSCC is required by federal regulations to collect the following information to verify that your FAFSA was completed accurately. Complete and return this form to the financial aid office, as soon as possible. No aid will be packaged or disbursed until this process is completed.

STUDENT NAME:	T #:
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Section 1: Family Information

<p>DEPENDENT STUDENTS – Students are required to report parent information on the FAFSA</p> <p>List the people in your household, including: (attach a separate sheet of paper if you need additional space)</p> <ul style="list-style-type: none"> Yourself and your parent(s) even if you do not live with your parent(s). If your parents were married to each other or are not married to each other but live together, list both below. If your parents are divorced, indicate the parent who provided more than half of your support during the last twelve months. This should be the same person whose information was provided on the FAFSA. If your legal parent has remarried, list your legal parent and stepparent below. Your parent(s) other children, if your parent(s) will provide more than half of their support from July 1, 2025-June 30, 2026 or if the other children would be required to provide parental information on their 2025-26 FAFSA. Do not include siblings in a graduate or professional degree program. Other people if they now live with your parent(s) and your parent(s) will provide more than half of their support and will continue to do so from through June 30, 2026.
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Family Members Full Name	Age	Relationship to Student	Current College	Enrolled at least ½ time in 2025-26
1.		Self	Terra State Community College	yes
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Financial Aid Office Terra State Community College 2830 Napoleon Road Fremont, OH 43420
 P: 419-559-2344 F: 419-334-9035 E: Financialaid@terra.edu

*Please Note: It is not safe to email personally identifiable information.

Student 2023 Earnings and Tax Information:

Student:	Do one of the following:	
I filed a 2023 Federal IRS Tax Return	<ul style="list-style-type: none"> Used the FA-DDX Tool on FAFSA at www.fafsa.gov ; OR Submit a signed copy of your 2023 Federal Tax Return including applicable schedules;OR Submit a 2023 IRS Tax Return Transcript. 	
I did not work in 2023 and am not required to file a 2023 IRS Tax Return	Submit a 2023 IRS Verification of Non-Filing Letter.	
I worked but am not required to file a 2023 Federal IRS Tax Return	<ul style="list-style-type: none"> Complete the chart below Attach copies of 2023 W-2 and/or 1099 Forms Submit a 2023 IRS Verification of Non-Filing Letter. 	
All Federal IRS Tax forms can be requested at: https://www.irs.gov/individuals/get-transcript		
Employer's Name	Annual Amount Earned in 2023	IRS W2 or an Equivalent Document Provided?

Parent 2023 Earnings and Tax Information

Parent(s):	Do one of the following:	
I filed a 2023 Federal IRS Tax Return	<ul style="list-style-type: none"> Used the FA-DDX Tool on FAFSA at www.fafsa.gov ; OR Submit a signed copy of your 2023 Federal Tax Return including applicable schedules;OR Submit a 2023 IRS Tax Return Transcript. 	
I did not work in 2023 and am not required to file a 2023 Tax Return	Submit a 2023 IRS Verification of Non-Filing Letter.	
I worked but am not required to file a 2023 Federal IRS Tax Return	<ul style="list-style-type: none"> Complete the chart below Attach copies of 2023 W-2 and/or 1099 Forms OR Submit a 2023 IRS Verification of Non-Filing Letter. 	
All Federal IRS Tax forms can be requested at: https://www.irs.gov/individuals/get-transcript		
Employer's Name	Annual Amount Earned in 2023	IRS W2 or an Equivalent Document Provided?

Signatures

Each person signing this form certifies that all the information reported is complete and accurate. The student and spouse, if applicable, must provide a signature and date. Parent cannot sign electronically.

Student Signature_____

Date:_____

Parent Signature_____

Date:_____

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