



- Poteau: Hemphill Hall – HH102
- Sallisaw: Mayo – 8002
- Email: [financialaid@carlalbert.edu](mailto:financialaid@carlalbert.edu)
- Fax: 918-647-1227

## 2025–2026 Verification Worksheet

To avoid a processing delay, please read carefully and note that the use of pronouns you/your(s)/yourself refer to the Student named below for whom the application is for, “parent(s)” refer to the parent(s) listed on the FAFSA.

**Your 2025–2026 Free Application for Federal Student Aid (FAFSA) was selected for verification.**

Federal regulations require our office to confirm that the information reported on your FAFSA is complete and correct.

Your application will not be processed until all of the required documents have been provided.

### Student Information:

Student Name:	Student ID#:
Phone Number:	Date of Birth:
Student dependency status: <input type="checkbox"/> Dependent <input type="checkbox"/> Independent	

### A. Household

- List the name, age, and relationship to you for each person in your household.
  - If anyone listed will be enrolled in a higher education degree, diploma, or certificate program any time between July 1, 2025 and June 30, 2026, list the name of the institution and enrollment status.

People that might be included:

- ✓ Parents/Stepparents, if you are a dependent student, even if you do not live with them.
- ✓ Siblings/Children if you/your parents will provide **more than half** of their support from July 1, 2025 through June 30, 2026 **or** if the child would be required to provide yours/your parents' information if they completed a FAFSA for 2025-2026.
- ✓ Other people if they now live with you/your parents **and** you/your parents provide **more than half** of their support **and** will continue to provide support through June 30, 2026.

People that should NOT be included:

- ✗ Any parent who has died or is not living in the household due to separation or divorce.
- ✗ Foster children and unborn children.

Full Name	Age	Relationship to student	College/University	Enrolled At Least Half-Time? (Y/N)
		Self	Carl Albert State College	

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

**B. Income**

Please only check the applicable boxes.

In <b>2023</b> , did this person:		Work?		Receive W2(s)?		File Taxes?	
<b>Student</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Parent</b>	1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Other Parent</b>	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Spouse</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Supporting documents we <i>may</i> need:</b>  (only required for independent students & parents of dependent students)		A copy of each W2	A signed and dated statement with Name of Employer & Amount Earned for the year	An <b>*IRS</b> Tax Return Transcript <b>or</b> a copy of the filed IRS 1040 and any additional Schedules or Amendments	Official IRS Verification of Nonfiling <b>or</b> another approved proof of non-filing		

Supporting documentation should only be submitted if requested by the financial aid office.

**C. Certification and Signatures** (cannot be typed)

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

Dependent students must have at least one parent signature.\_\_\_\_\_  
Student's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Parent's Signature (if applicable)\_\_\_\_\_  
Date

Reviewed By FAA: \_\_\_\_\_