



**2026-2027 DEPENDENT AGGREGATE STUDENT VERIFICATION WORKSHEET (DV5)**

**INSTRUCTIONS:**

Your Free Application for Federal Student Aid (FAFSA) was selected for a review process called verification. **Verification must be completed before your financial aid package can be determined.** Verification requires the Financial Aid Office to confirm the information you reported on your FAFSA. Please complete **ALL** sections of this worksheet, attach all requested documentation, and sign and return to the Financial Aid Office. **Verification cannot be completed until all requested documents are received and reviewed.**

**For Tax Filers - The Student Financial Aid Office highly RECOMMENDS use of the IRS Data Retrieval Tool (DRT) that is part of the FAFSA on the Web as this is the best way to verify income, and in most cases, no further documentation is needed to verify 2024 IRS income tax return information that was transferred into the FAFSA and not changed.**

**A. STUDENT INFORMATION**

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

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. HOUSEHOLD INFORMATION**

List in the chart below the people in the student's household. Include:

- Yourself, and your spouse if you are married;
- Your children or your spouse's children if you or your spouse will provide more than half of their financial support **from July 1, 2026, through June 30, 2027**, even if the children do not live with you;
- Other people, if they now live with you or your spouse and you provide more than half of their support and will continue to provide more than half of their financial support **through June 30, 2026**.
- For any household member **who will be enrolled at least half-time** in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between **July 1, 2026, and June 30, 2027**, include the name of the college.

Full Name	Age	Relationship to Student	College
		Self	BHSU

**C. STUDENT TAX INCOME INFORMATION**

Did you file a Federal Income Tax Return for 2024? (Circle one)      Yes      No

1. If you answered YES, check the box that applies

- I **have used** the IRS Data Retrieval Tool to transfer my 2024 IRS income information into my FAFSA.
- I will submit my **2024 IRS tax return or tax transcript**

**NOTE: If you filed separate 2024 IRS income tax returns, a 2024 IRS Tax Return must be provided for both the student and spouse.**

2. If you answered NO, check the box that applies:

- I **WAS NOT** employed and had **NO** income earned from work in 2024.
- I was employed in 2024 and have listed below the names of all employers, the amount earned from each employer in 2024, and whether an IRS W-2 form is provided.

Employer's Name	2024 Amount Earned	IRS W-2 Provided?

You must also identify any untaxed income earnings including, but not limited to child support received, workers compensation, untaxed pension, etc. in the table below, if applicable.

Untaxed Income Source	2024 Amount

**D. PARENT(S) TAX INCOME INFORMATION**

Did you file a Federal Income Tax Return for 2024? (Circle one)      Yes      No

1. If you answered YES, check the box(s) that applies

- My parent **has used** the IRS Data Retrieval Tool to transfer our 2024 IRS income information into the FAFSA.
- My parent was **unable or chose not to use** the IRS Data Retrieval Tool, and will submit our **2024 IRS tax return or tax transcript**

2. If you answered NO, check the box that applies:

- My parent **WAS NOT** employed and had **NO** income earned from work in 2024.
- My parent was employed in 2024 and has listed below the names of all employers, the amount earned from each employer in 2024, and whether an IRS W-2 form is provided.

Employer's Name	2024 Amount Earned	IRS W-2 Provided?

You must also identify any untaxed income earnings including, but not limited to child support received, workers compensation, untaxed pension, etc. in the table below, if applicable.

Untaxed Income Source	2024 Amount

**E. CERTIFICATION AND SIGNATURE**

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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, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Required)

\_\_\_\_\_  
Date

**F. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE**

**\*\*\*\*\*IMPORTANT – DO NOT COMPLETE THE FOLLOWING SECTION IN ADVANCE\*\*\*\*\***

**THIS PORTION OF THE FORM MUST BE COMPLETED IN FRONT OF A FINANCIAL AID REPRESENTATIVE OR NOTARY PUBLIC**

**IDENTITY CERTIFICATION**

You must appear in person at **Baptist Health Sciences University** to verify your identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The Financial Aid Office will maintain a copy of your photo ID along with the date it was received and the name of the representative or notary authorized confirm.

**STATEMENT OF EDUCATIONAL PURPOSE**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Baptist Health Sciences University** for 2026-2027.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

<b>IF SUBMITTING IN PERSON</b> Present this form with original valid government-issued photo id. <b>To be completed by a Financial Aid Representative:</b>	
ID Type: _____	
ID Number: _____	Exp: _____
FA Rep Name (print); _____	
FA Rep Title: _____	
FAA Signature: _____	Date: _____
<b>IF SUBMITTING BY MAIL (NO FAX)</b> Send this form with photocopy of valid government-issued photo id. <b>To be completed by Notary Public:</b>	
State of _____ City/County of _____	
On _____, before me, _____,	
(Date)	(Notary's name)
_____, personally appeared and provided to me on basis of	
(Printed name of signer)	
satisfactory evidence of identification _____ to be the above-named	
(Type of government-issued photo ID provided)	
<b>NOTARY SEAL</b>	
person who signed the foregoing instrument.	
WITNESS my hand and official seal _____	
(Notary signature)	
My commission expires on _____	
(Date)	