

## Verification Worksheet 2025-2026

|   |   |                            |   |  | Lakelar                                       | nd ID Number (   | (LID)                         | 0 0                                      |                       |                                 |                           |                          |
|---|---|----------------------------|---|--|---|--|-------------------------------|--|-----------------------|---------------------------------|---------------------------|--------------------------|
| A. Student Inf  | formation   |                            |   |  |   |  |                               |  |                       |                                 |                           |                          |
| Last Name:  |   |                            |   |  | First Name:                                   |  |                               |  |                       |                                 |                           |                          |
| Phone Number: (   | )   |                            |   |  |   |  |                               |  |                       |                                 |                           |                          |
| Your Free Applicat<br>Federal regulations<br>FAFSA with inform<br>FAFSA information<br>your last date of enverification process | for verification nation reported on may need to be rollment for 202   | requir<br>on this<br>corre | form<br>cted.   | Lakeland Fin<br>and any othe<br>Verification | ancial A<br>er requin<br>must be<br>lier. Fin | Aid Office to vered documentate completed by hancial aid eligi   | erify th<br>ion. If<br>Septer | ne informa<br>there are on<br>mber 20, 2 | tion<br>diffe<br>026, | reporterences, or 12            | ted or<br>s, you<br>0 day | n your<br>ir<br>vs after |
| By Fax:   | 440.525.7704  |                            |   | impiete tiiis i                              | 01111 411                                     | a return.  |                               |  |                       |                                 |                           |                          |
| By Mail:  |   | unity (                    | مااوم   | e •  | 7700  | Clocktower Driv  | e Kirt                        | land OH 4                                | 4094                  | L-5198                          |                           |                          |
| By Secure Upload:   | Lakeland Community College  Visit lakelandcc.edu/financialaid  • T700 Clocktower Drive, Kirtland, OH 44094-5198  Under RelatedLINKS (right side of page), select Financial Aid Documents Secure Upload link (myLakeland login credentials required) |                            |   |  |   |  |                               |  |                       |                                 |                           |                          |
| In Person:  | Lakeland Studen   | t Servi                    | ce Ce   | nter •                                       |   | ed in Building A-  | 1003                          |  |                       |                                 |                           |                          |
| *Please do not send do  B. Household  | Information   | l                          |   |  |   |  |                               |  | e 11                  |                                 |                           |                          |
|   | receives more the<br>ent Student: List<br>t Student: List yo  | yourse                     | elf, you  | ur spouse & c                                | hildren.                                      |  | _                             |  |                       | WS:                             |                           |                          |
| Name  |   |                            | Age   | Relationsh<br>studen                         | ip to   | If enrolled in college at least half-time in 2025-2026, include the name of the college, otherwise leave blank |                               |  |                       |                                 |                           |                          |
|   |   |                            |   | Self   |   | L  | akelan                        | d Commun                                 | ity C                 | College                         |                           |                          |
|   |   |                            |   |  |   |  |                               |  |                       |                                 |                           |                          |
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|   |   |                            |   |  |   |  |                               |  |                       |                                 |                           |                          |
| Others in your house providing more than  |   |                            | ng info   | rmation for oth                              | iers in yo                                    | our household if y   | ou (and                       | d your spou                              | se), o                | r your                          | paren                     | t(s) are                 |
|   |   | lationship to<br>student   | If enrolled in college at<br>least half-time in 2025-<br>2026, include the name<br>of the college,<br>otherwise leave blank |  | will l<br>betv<br>2025                        | s this person<br>live with you<br>ween July 1,<br>5, and June<br>30, 2026                                      | 1                             | you, yo<br>your p<br>use to              | parent                | ouse or<br>(s) will<br>ort this |                           |                          |
|   |   |                            | -   |  |   |  |                               |  | +                     |                                 |                           |                          |
|   |   |                            |   |  |   |  |                               |  | +                     |                                 |                           |                          |
|   |   |                            |   |  |   |  |                               |  |                       |                                 |                           |                          |

| C. 20  | 23 Dependent  | t Student's Inco  | ome Information   | to Be Verified (Check   | the box that applies.)  |  |  |  |  |  |
|--|---|---|---|---|---|--|--|--|--|--|
|  | The student consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2023 IRS income information into the student's FAFSA, either on the initial FAFSA or when making a correction to the FAFSA OR will provide Lakeland with a 2023 IRS Tax Return Transcript(s) or a signed copy of the 2023 income tax return and applicable schedules. |   |   |   |   |  |  |  |  |  |
| ☐ The student was not employed and had no income earned from work in 2023 <b>OR</b> the student was employed but was not required to file a 2023 federal tax return. |   |   |   |   |   |  |  |  |  |  |
| D. Pa  | rent Income l   | Information to  | Be Verified (Che  | ck the box that applies.)   |   |  |  |  |  |  |
| [  | 2023 IRS incorcorrection to th  | ne information into t<br>e FAFSA OR will p  | the student's FAFSA,  | ata Exchange on the FAFSA<br>either on the initial FAFSA<br>a 2023 IRS Tax Return Tran  | or when making a  |  |  |  |  |  |
|  |   |   | yed and had no incon<br>to file a 2023 federal  | ne earned from work in 2023 tax return.   | <b>OR</b> the student's parent  |  |  |  |  |  |
| Ad ret IRS   | ditionally, parent<br>urn in 2023, each<br>S.gov or call the IF<br>omit it, along with  | nd Social Security Na<br>t(s) and independen<br>MUST submit a V<br>RS at 1.800-908.9940 | umber at the top.  at students (and spouserification of Non-Figure and request a Verification of the finance) | If more space is needed, att  see, if applicable) who did reling letter from the IRS. To cation of Non-Filing letter. Could aid office. Be sure to incl | not file a federal tax o obtain this letter: go to Once you receive the letter, |  |  |  |  |  |
|  | oloyee's Name   | 1 V   | ver's Name  | 2023 Amount Earned  | IRS W-2 Attached?   |  |  |  |  |  |
|  |   | Suzy's Auto Body  |   | \$2,000 (example)   | Yes (example)   |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |
| F. Sig   | gn the Works  | <b>heet</b> – If dependent  | t, at least one parent n  | nust sign. Electronic signatu   | ures cannot be accepted.  |  |  |  |  |  |
| Purpos   |   |   |   | on this form is complete and rksheet is punishable by fi  |   |  |  |  |  |  |
| Student  | t's Signature:  |   |   |   | Date:   |  |  |  |  |  |
| Parent'  | s Signature (for De   | Date:   |   |   |   |  |  |  |  |  |
|  |   |   | For Office Use (  | Only  |   |  |  |  |  |  |
| Current  |   |   |   | <u></u>   |   |  |  |  |  |  |
| Sent for Corrections:  |   |   | Date Sent:  | Initials:   |   |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |
| Date Co  | mpleted:  | _   | Initials:   |   | <u>-</u>  |  |  |  |  |  |