

Financial Aid/EOPS Office • 2277 Napa-Vallejo Highway, Napa, CA 94558 Ph (707) 256-7301•Toll Free (800) 826-1077

2025-2026 V5 Independent Verification Packet

Student Legal Name			Student ID#	Studer	nt DOB
Mailing Addre	ss		Apartm	ent/Space #	State
City	Zip	Cellular Phone #	Home Phon	e#	
Email Address_					
What is the stu	udent's marital st	atus? Single			
		Married/Remarried.	You must provide your spe	ouse's tax statu	s below.
		Separated/Divorced			
Will you attend	d any school othe	r than Napa Valley College (NV	(C) during the 2025-2026 ac	cademic year?	No Yes
What is the	e name of the sch	ool you will be attending?			
During wha	at semesters/trim	esters will you attend this schoo	bl?		
Have you a	applied for, or wil	you receive any type of financ	ial assistance at the school	listed above?	No Yes
	school for any period NOTIFY THE FINAN	o receive financial assistance (other than of time. To do so could jeopardize you CIALAID/EOPS OFFICE IMMEDIATELY i Napa Valley College during the academi	r ability to receive financial aid in the f you receive financial assistance for	future. YOU MUST	
Have you ever	earned a bachel d	or's degree (or higher) from a	ny U.S. or foreign college/u	niversity (beyon	
Degree Earne	d		Date Degree	Earned	
Name of scho	ol (and country if	not USA) at which your degree	e was earned.		

Family Size Information

List below the people in the student's family size. Family size includes the following:

- The student and spouse if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from 07/1/2025 through 06/30/2026, even if the children don't live with them.
- Other persons if the following are true:
 - o They live with the student.
 - They receive more than half of their support from the student/spouse and will continue to receive more than half of their support between 07/01/2025 through 06/30/2026.
 - o For family size that are identified as "other persons", the student must explain in detail how they provide more than half of their support in the text box provided below.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S. tax return at the time of completing the 2025-2026 FAFSA. As a result, the student should not include any unborn children in the family size.

* If more space is needed, provide a separate page with the student's name and ID number at the top. *

Full Name

Age

Relationship to

Student

Self

Note to student: You must explain in detail your support for any children aged 24 or older and other persons who are not your child (regardless of age), in the textbox below.

•	Please explain if this person has income of their own, such as employment, unemployment benefits, untaxed
	income (e.g. disability benefits, worker's compensation, government benefits, etc).
•	Please explain in detail the support and expenses that you are providing or paying on their behalf.

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Student's/Spouse Tax Forms and Income Information

Student and spouse (if applicable), select one option below that applies to you. Attach required supporting documents, if required. As a condition for federal student aid eligibility, you are required to provide consent and approve sharing and importing income and tax information from the IRS to the FAFSA (FA-DDX), even if the attempt to obtain or use such data is ineffective.

Stude	ent 2023 Tax Status:						
Did yo	u file a 2023 Federal Tax Return?						
	Yes. I filed a 2023 Federal Tax Return. I provided consent and approved the sharing and importing of my income and tax information from the IRS to my FAFSA (FA-DDX) at the time I completed my FAFSA. The FA-DDX transfer was successful. You are <u>not required</u> to submit your tax return to the Financial Aid Office.						
	Yes. I filed a 2023 Federal Income Tax Return. I provide income and tax information from the IRS to my FAFSA transfer was unsuccessful. You <u>must submit</u> a copy of your 2023 Federal Tax Return and all applicable	(FA-DDX) at the time I comp your 2023 IRS Tax Return Tra	leted n inscript	ny FAFSA or a sign	٠. The	e FA-DDX	
	No. I did not file a 2023 Federal Tax Return. I was emp Return. You are required to list each Employer's Name, was provided. In addition, attach your W2(s) for each e	, annual amount earned fron					
	Employer's Name	Annual amount	W	-2 or ed	quiva	alent	
		Earned in 2023	do	document provided			
				Yes		No	
				Yes	Ī	No	
				Yes	Ī	No	
				Yes	T	No	
Spous	No. I did not work. I did not file a 2023 Federal Tax R Return Se (if applicable) 2023 Tax Status:	eturn, and I was not required	d to file	a 2023	Feder	ral Tax	
Did yo	ur spouse file a 2023 Federal Tax Return?						
	Yes. My spouse filed Married Filing Jointly with me for	the 2023 tax year.					
	Yes. My spouse filed Separately from me for the 2023 to sharing and importing of their income and tax informat completed my FAFSA. The FA-DDX transfer was success return to the Financial Aid Office.	tion from the IRS to my FAFS	SA (FA-	DDX) at	the ti	me they	
	Yes. My spouse filed Separately from me for the 2023 to	tax year. My spouse provide	ed con:	sent and	appr	oved the	

sharing and importing of their income and tax information from the IRS to my FAFSA (FA-DDX) at the time they completed my FAFSA. The FA-DDX transfer was unsuccessful. You <u>must submit</u> a copy of your spouse's 2023 IRS Tax Return Transcript or a signed and dated copy of their 2023 Federal Tax Return and all applicable schedules to the

Financial Aid Office.

Employer's Name	Annual amount	W-2 or equivalent
	Earned in 2023	document provide
		Yes No
to file a 2023 Federal Tax Return.	not file a 2023 Federal Tax Return, a	and my spouse was not re
	iot ilie a 2023 rederal Tax Return, a	and my spouse was not re
to file a 2023 Federal Tax Return. TIFICATION: By signing this verification work	csheet, I certify that all information	I have provided is true an
to file a 2023 Federal Tax Return. TIFICATION : By signing this verification worl to the best of my knowledge. I understand that i	csheet, I certify that all information f I purposely give false or misleadir	I have provided is true an ng information, I may be
	csheet, I certify that all information f I purposely give false or misleadir	I have provided is true an ng information, I may be

Statement of Educational Purpose

I certify that I	am	the individual signing
this (Print Student's Name)	
•		t financial assistance I may receive will attending Napa Valley College for 2023-
2024.	arposes and to pay the cost of t	acterialing Hapa Valley college for 2023
		<u> </u>
Student's Signature	Date	Student's ID #
Noton, Co	wtificate of Advac	vyla da a mant
notary Ce	rtificate of Ackno	wiedgement
State of		
State of		-
City/County of		
On, k	perore me,	
(Date)		(Notary's name)
personally appeared,		, and proved to me
	(Printed name of signer)	
because of satisfactory evidence		
	(Type o	of unexpired government-issued
	photo	DID provided)
to be the above-named person	ı who signed the foregoing	instrument.
WITNESS my hand and official	seal	
(seal)		
(,		(Notary signature)
My commission expires on		(
, commission expires on	(Date)	_
	(Date)	