



Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, the financial aid administrator will compare your FAFSA with the information on this worksheet and other required documents. If there are differences, your FAFSA information may need to be corrected and your financial aid would be adjusted accordingly. Be sure to check your IHP email regularly as emails are often sent when additional information is required after review. You and your spouse (if applicable) must complete and sign this worksheet, attach any required documents, and email the forms to financialaid@mghihp.edu. Incomplete forms without all required documents attached will not be accepted. No aid can be disbursed until the verification process is complete.

A. Student Information

| | | | |
|---------------------|----------------------|----------------|------------------------|
| Student's Last Name | Student's First Name | Student's M.I. | Student's MGH IHP ID # |
|---------------------|----------------------|----------------|------------------------|

| | |
|--|-------------------------|
| Student's Home Street Address (include Apt. #) | Student's Date of Birth |
|--|-------------------------|

| | | | |
|------|-------|----------|-------------------------|
| City | State | Zip Code | Student's Email Address |
|------|-------|----------|-------------------------|

| | |
|---|--|
| Student's Home Phone Number (include area code) | Student's Alternate or Cell Phone Number |
|---|--|

B. Family Size - Includes the following:

- The student.
- The student's spouse, if applicable.
- The student's dependent children if all of the following are true:
 - They live with the student (or live apart because of college enrollment),
 - They receive more than half of their support from the student, and
 - They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
 - They live with the student,
 - They receive more than half of their support from the student, and
 - They will continue to receive more than half their support from the student during the award year.

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 2026-2027 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 |
|-----------|-----|--------------|
| | | <i>Self</i> |
| | | |
| | | |
| | | |

C. Student Tax Filing Status – PLEASE CHECK ONLY ONE BOX

- I have used** the FUTURE Act Direct Data Exchange (FA-DDX) on the 2026-2027 FAFSA to transfer 2024 federal tax information (FTI) into my FAFSA.
- I have not yet used** the FA-DDX on the 2026-2027 FAFSA but will use the tool to transfer 2024 FTI into my FAFSA.
- I am unable to use** the FA-DDX on the 2026-2027 FAFSA and instead will provide the school with a signed copy of my 2024 income tax return or with my 2024 IRS Tax Return Transcript.
- I earned income in 2024 but did not file** a tax return because I was not required to do so (I will provide the school with copies of my 2024 W2 and/or 1099 form[s] and complete the below chart).
- I did not file** taxes in 2024 and had no earned income.

| Employer’s Name (Only complete if you did not complete a 2024 income tax return but earned income) | 2024 Amount Earned | 2024 IRS W-2 Attached? |
|--|--------------------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |
| Total Amount of Income Earned From Work | \$ | |

- My spouse and/or I had other income and resources that supported us for the 2024 tax year (complete the below chart).

| Source of Income | 2024 Amount Earned |
|-------------------------------|--------------------|
| | \$ |
| | \$ |
| | \$ |
| Total Amount of Income | \$ |



If any of the below circumstances apply to you, please contact our office at financialaid@mghihp.edu:

- Required to file a 2024 IRS income tax return and has been granted a filing extension by the IRS beyond the automatic six-month extension for tax year 2024.
- Filed an amended IRS income tax return for tax year 2024.
- Victim of IRS tax-related identity theft.
- Filed an income tax return with a tax authority other than the IRS.

D. If Married, Spouse Income – PLEASE CHECK ONLY ONE BOX

- My spouse used** the FUTURE Act Direct Data Exchange (FA-DDX) on the 2026-2027 FAFSA to transfer 2024 federal tax information (FTI) into my FAFSA.
- My spouse has not yet used** the FA-DDX on the 2026-2027 FAFSA but will use the tool to transfer 2024 FTI into my FAFSA.
- My spouse is unable to use** the FA-DDX on the 2026-2027 FAFSA and instead will provide the school with a signed copy of their 2024 income tax return or with my 2024 IRS Tax Return Transcript.
- My spouse earned income in 2024 but did not file** a tax return because they were not required to do so (they will provide the school with copies of their 2024 W2 and/or 1099 form[s] and complete the below chart).
- My spouse did not file** taxes in 2024 and had no earned income.

| Employer’s Name (Only complete if they did not complete a 2024 income tax return but earned income) | 2024 Amount Earned | 2024 IRS W-2 Attached? |
|---|--------------------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |
| Total Amount of Income Earned From Work | \$ | |

- My spouse and/or I had other income and resources that supported us for the 2024 tax year (complete the below chart).

| Source of Income | 2024 Amount Earned |
|-------------------------------|--------------------|
| | \$ |
| | \$ |
| | \$ |
| Total Amount of Income | \$ |



If any of the below circumstances apply to you, please contact our office at financialaid@mghihp.edu:

- Required to file a 2024 IRS income tax return and has been granted a filing extension by the IRS beyond the automatic six-month extension for tax year 2024.
- Filed an amended IRS income tax return for tax year 2024.
- Victim of IRS tax-related identity theft.
- Filed an income tax return with a tax authority other than the IRS.

E. Certification and Signatures – STUDENT AND SPOUSE (IF APPLICABLE) MUST SIGN AND DATE

| | | |
|----------------------|------|------------------------|
| Print Student's Name | Date | Student's MGH IHP ID # |
|----------------------|------|------------------------|

| | |
|---------------------|------|
| Student's Signature | Date |
|---------------------|------|

| | |
|--------------------|------|
| Spouse's Signature | Date |
|--------------------|------|

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Please email this completed worksheet to financialaid@mghihp.edu