



CHICAGO STATE UNIVERSITY

Office of Student Financial Aid*Cook Admin 207*(P)773-995-2304*(F)773-995-3574*csu-finaid@csu.edu

2026-2027 INDEPENDENT VERIFICATION WORKSHEET – V5

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. The law says 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 CSU will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit all to the Office of Student Financial Aid at CSU. We may need to ask for additional information in the future. If you have questions about Verification, contact our office as soon as possible so that your financial aid will not be delayed.

Please submit this completed form and copies of all requested paperwork to the Office of Student Financial Aid within 10 days of receipt of notification that you have been selected for Verification.

STUDENT INFORMATION

Student Name: _____ CSU ID # _____
(please print) Last First

Permanent Home Address:

City State Zip Code

Home Phone #: _____ Cell #: _____

FAMILY INFORMATION

Please list all members of your household. Remember to include:

- Yourself
- Your spouse, if you are married (even if you were not married in 2024)
- Your children, if you will provide more than half of their support from July 1, 2026 through June 30, 2027. Do not include children that you are paying child support for or foster children.
- Other people, if they live with you, and they will receive more than half of their support from you from July 1, 2026 to June 30, 2027.

Support is defined as providing food, housing, medical/dental care or health insurance, money or other financial resources. If you need more space, attach a separate sheet.

FULL NAME Begin with yourself	AGE	RELATIONSHIP TO STUDENT	NAME OF COLLEGE For any family member who will be working toward a degree at least half-time during the 2026-2027 academic year. Do not list high schools or names of colleges that your parent(s) are attending.
		SELF	CHICAGO STATE UNIVERSITY

If you need more space, attach a separate sheet.



CHICAGO STATE UNIVERSITY

STUDENT 2024 INCOME

Please choose a scenario:

- ☐ I (and/or spouse, if applicable) utilized the IRS Data Retrieval Tool
- ☐ I (and/or spouse, if applicable) requested a 2024 Tax Return Transcript from the IRS. I will submit it to the Office of Student Financial Aid.
- ☐ I am married, but my spouse and I filed separate 2024 federal tax returns
 - **Submit two separate 2024 IRS Tax Return Transcripts (one for you and one for your spouse listed on your FAFSA)**
- ☐ I (and/or spouse, if applicable) was not employed and had no income earned from work in 2024
- ☐ ▪ **Must submit non-filers statement(s) from the IRS**
- ☐ I (and/or spouse, if applicable) was employed during 2024, but not required to file taxes.
 - **Must submit non-filers statement(s) from the IRS**
 - **Must submit W-2 forms for each employer**
 - **List below the names of all employers and the amount earned from each employer**

PLEASE NOTE: (Chart is for non-tax filers with W-2's. If taxes filed, please leave the chart blank)

EMPLOYER NAME	STUDENT AMOUNT	SPOUSE AMOUNT
	\$	\$
	\$	\$
	\$	\$
	\$	\$

CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all the information reported on it is complete and correct. The student must sign and date this worksheet. If married, the spouse's signature is optional.

Student's Signature

Date

Spouse's Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.



CHICAGO STATE UNIVERSITY

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To Be Signed at the Institution)

The student must appear in person at **Chicago State University** to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)

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 **Chicago State University** for 2026-2027.

(Student's Signature)

(Date)

(Student's ID Number)

Statement of Educational Purpose signed by student in the presence of

Printed Name - Member of Office of Student Financial Aid Staff

Signature

Date



CHICAGO STATE UNIVERSITY

Complete the following ONLY if you are unable to bring this Verification Worksheet into the Student Financial Aid Office and complete it there.

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

(To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at **Chicago State University** to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)

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 **Chicago State University** for 2026-2027.

(Student's Signature)

(Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

(Notary's certification may vary by State)

State of _____

City/County of _____

On _____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and proved to me on basis of
(Printed name of signer)

on basis of satisfactory evidence of identification _____

(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal) _____
(Notary Signature)

My commission expires on _____
(Date)



CHICAGO STATE UNIVERSITY

Verificación de Identidad y Declaración de Propósito Educativo (Para ser firmadas en la institución)

El estudiante debe comparecer en persona en **Chicago State University** para verificar su identidad mediante la presentación de una identificación con fotografía (ID) válida emitida por el gobierno que no haya expirado, como una licencia de conducir, otro tipo de identificación emitida por el estado o pasaporte, entre otros. La institución conservará una copia de la identificación con fotografía del estudiante en la cual se anotará la fecha en la que se recibió y revisó, y el nombre del funcionario de la institución autorizado a recibir y revisar las identificaciones de los estudiantes.

Además, el estudiante debe firmar, en presencia del funcionario de la institución, la Declaración de Propósito Educativo proporcionada a continuación.

Declaración de Propósito Educativo

Certifico que yo, _____, soy el individuo que firma esta Declaración de Propósito
[Imprimir nombre del estudiante]

Educativo, y que la ayuda financiera federal estudiantil que yo pueda recibir sólo será utilizada para fines educativos y para pagar el costo de asistir a **Chicago State University** para 2026-2027.

[Firma del estudiante]

[Fecha]

[Número de identificación del estudiante]

Declaración de Propósito Educativo signed by student in the presence of

Printed Name - Member of Office of Student Financial Aid Staff

Signature

Date



CHICAGO STATE UNIVERSITY

Verificación de Identidad y Declaración de Propósito Educativo (Para ser firmadas en presencia de un notario)

Si el estudiante no es capaz de comparecer en persona en **Chicago State University** para verificar su identidad, el mismo debe proporcionar a la institución: (a) una copia de la de identificación con fotografía (ID) válida emitida por el gobierno que no haya expirado, que se reconoce en la declaración del notario que aparece a continuación, o que se presenta ante un notario, como una licencia de conducir, otro tipo de identificación emitida por el estado o pasaporte, entre otros; y (b) la Declaración de Propósito Educativo original proporcionada a continuación debe ser notarizada. Si la declaración del notario aparece en una página separada de la Declaración de Propósito Educativo, se debe indicar de manera clara que la Declaración de Propósito Educativo era el documento notarizado

Declaración de Propósito Educativo

Certifico que yo, _____, soy el individuo que firma esta Declaración de Propósito Educativo, y que la ayuda financiera federal estudiantil que yo pueda recibir sólo será utilizada para fines educativos y para pagar el costo de asistir a **Chicago State University** para 2026-2027.

[Imprimir nombre del estudiante]

[Firma del estudiante]

[Fecha]

[Número de identificación del estudiante]

Notary's Certificate of Acknowledgement

Notary's certification may vary by State

State of _____ City/County of _____

On _____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and proved to me on the basis of
(Printed name of signer)

satisfactory evidence of identification _____
(Type of unexpired government-issued photo ID provided) to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal) _____ My commission expires on _____
(Notary Signature) (Date)