

Verification of 2024 Income Information for Parent Nontax Filers

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected by the Department of Education for review in a process called Verification. Federal law requires the Office of Financial Aid to confirm the information you and your parents reported on your FAFSA before awarding federal student aid. To verify that you provided the correct information, we will compare your FAFSA with the information on this worksheet and any other required documents. We may ask for additional information. If there are differences, your FAFSA may need to be corrected.

Student Information: Please print clearly.

| Last Name | First Name | Middle Initial |
|--|---|---|
| Social Security Number | Phone Number | Date of Birth |
| The instructions and certifications below apply to | the parent and spouse, if the student is | married. |
| Complete Section A if the parent and spouse (if n | narried) will not file and are not required | to file a 2024 income tax return with the IRS. |
| Section A | | |
| Check the box that applies: | | 16 |
| $\hfill\Box$ The parent and spouse (if married) were | not employed and had no income earned | d from work in 2024. |
| earned from each employer in 2024, and w | hether an IRS W-2 form is provided. (Pro employers.) List every employer even if | below the names of all employers, the amount wide copies of all 2024 IRS W-2 forms issued to the employer did not issue an IRS W-2 form. If ber at the top. |
| Name of Employer | Total 2024 Wages | W-2 Provided (Yes/No) |
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| Complete Section B if no income from work was report | ed in Section A. | |
| Section B | | |
| Use the space below to indicate how the pa separate page with the student's name and | | themselves 2024. If more space is needed, provide a |
| | | |
| | | |
| | | |
| Certifications and Signatures Each person signing this worksheet certifies that a | Il the information reported on this form | n is accurate and complete. |
| Parent's Signature (Required) | | Date |
| Spouse Signature (Required if Married) | | Date |
| . • , | 316 Washington Ave Wheeling. V | WV 26003. 304-243-2304. finaid@wheeling.ed |