

# 2026-2027 V5 Dependent Student Verification Worksheet

The federal system selected your 2026-27 FAFSA for a process called verification. If your FAFSA is selected for verification, these requirements must be met for us to finalize and disburse any eligible financial aid. If we need to make corrections, to reflect accurate information, your award amounts may change. You, and any parent whose information was reported on the FAFSA, must complete, and sign this worksheet, attach any required documents, and submit them to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible, so that your financial aid will not be delayed.

## A. STUDENT'S PERSONAL INFORMATION

Student's Last Name	Student's First Name	Student's M.I.	Student CUH ID Number
Student's 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 Alternative or Cell Phone Number

## B. STUDENT'S INCOME INFORMATION

### IF Student Filed Taxes

Complete this section if the student filed or will file a 2024 IRS income tax return. Select only one option:

- Student used the IRS Direct Data Exchange to transfer 2024 IRS income tax return information.  
*OR*
- Student has provided the school a **signed & dated** copy of their 2024 federal income tax return (Form 1040 and any Schedules filed).  
*OR*
- Student has provided their 2024 tax **return** transcript obtained at [www.irs.gov](http://www.irs.gov).

### IF Student Was Not Required to File Taxes

Complete this section if the student will not, and is not, required to file a 2024 income tax return with the IRS. Select only one option:

- Student was not employed and had no income earned from work in 2024.
- Student was employed in 2024 and has listed below the names of all employers and the amount earned from each employer. Copies of all 2024 IRS W-2s (or equivalent documents) are required.

Employer's Name	Wages Paid

\* If the student no longer has their W2, the Wage and Income Transcript can be requested from [www.irs.gov](http://www.irs.gov).

I certify that I have not and am not required to file a 2024 income tax return.

\_\_\_\_\_  
Student's handwritten signature & date



The instructions below apply to both parent and parent spouse, if applicable, included in Section C.

Parent's Name: \_\_\_\_\_ Parent Spouse's Name: \_\_\_\_\_

**D. PARENT'S INCOME INFORMATION**

**IF Parent(s) Filed Taxes**

Complete this section if the parent(s) filed or will file a 2024 IRS income tax return.

- Parent used the IRS Direct Data Exchange to transfer 2024 IRS income tax return information.
  - Parent
  - Parent Spouse
  - Both

OR

- Parent has provided the school a **signed & dated** copy of their 2024 federal income tax return (Form 1040 and any Schedules filed)
  - Parent
  - Parent Spouse
  - Both

OR

- Parent has provided their 2024 tax **return** transcript obtained at [www.irs.gov](http://www.irs.gov).
  - Parent
  - Parent Spouse
  - Both

**IF Parent Was Not Required to File Taxes**

Complete this section if the parent(s) will not, and is not, required to file a 2024 income tax return with the IRS.

- Parent was not employed and had no income earned from work in 2024.
  - Parent
  - Parent Spouse
  - Both

- Parent was employed in 2024 and has listed below the names of all employers and the amount earned from each employer. Copies of all 2024 IRS W-2s (or equivalent documents) are required.
  - Parent
  - Parent Spouse
  - Both

Employer's Name	Wages Paid

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

\* If the parent no longer has their W2, the Wage and Income Transcript can be requested from [www.irs.gov](http://www.irs.gov).

I certify that I have not and am not required to file a 2024 income tax return.

\_\_\_\_\_  
Parent's handwritten signature & date

\_\_\_\_\_  
Parent Spouse's handwritten signature & date

**E. Certification & Signatures**

Each person signing below certifies that all the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

\_\_\_\_\_  
Student's handwritten signature, last 4 of SSN, & date

\_\_\_\_\_  
Parent's handwritten signature, last 4 of SSN, & date

## F. Verification of Identity

Please complete the Verification of Identity process. We must verify an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. Chaminade will maintain a copy of the student's photo ID.

### Options for Identity Verification:

- Option A – In-person

*If unable to appear in-person*

- Option A – Notary (*notary option listed on page 5 of this form; **original form must be mailed***)
- Option B – Video call with Financial Aid (contact our office to schedule an appointment)

## G. Certification & Signatures

Each person signing below certifies that all the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

\_\_\_\_\_  
Student's handwritten signature, last 4 of SSN, & date

\_\_\_\_\_  
Parent's handwritten signature, last 4 of SSN, & date

# 2026-27 Identity and Statement of Educational Purpose

(To Be Signed in the Presence of a Notary)

The Financial Aid Office must receive the original copy

Please mail notarized documents to:

Chaminade University of Honolulu

ATTN: Financial Aid Office

3140 Waiālae Ave

Honolulu, HI 96816

*Please note that online notarization is not accepted*

## 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  
(Printed name of signer)

because of 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:**

\_\_\_\_\_  
(Notary Signature)

My commission expires on \_\_\_\_\_  
(Date)

Copy of ID Here  
Financial Aid Office use ONLY

**For Chaminade University of Honolulu Financial Aid Office Use ONLY:**

Confirmation by Authorized Official

Complete this section if the student is selected for V4 or V5 identity verification for the 2026-2027 award year.

Note: To complete V4 or V5 identity verification, a student must present an unexpired, valid, government-issued photo identification such as a U.S. passport, a driver's license, or other state-issued ID.

Check the box that applies below:

- The student appeared in-person and presented acceptable identification to an institutionally authorized individual.
- The student was unable to appear in-person and provided the institution with a copy of the acceptable identification presented to a notary and a signed notary statement.
- The student was unable to appear in-person and appeared on a video call with institutional personnel and presented the acceptable identification to an institutionally authorized individual.
- The student is a confined or incarcerated individual and was verified by an authorized official at the correctional facility where the individual is confined or incarcerated.
- The student was verified by a service provider that is compliant with National Institute of Standards and Technology Identity Assurance Level 2 (NIST IAL2). The institution received acceptable documentation directly from the service provider confirming the date of the verification and that the student's identity was verified under the NIST IAL2 standard.

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**COPY of ID received & attached to this form by Authorized Official listed below:**

**X** \_\_\_\_\_

**Printed Name of Authorized Official**

**X** \_\_\_\_\_

**Signature of Authorized Official**

\_\_\_\_\_

**Date**