United States Merchant Marine Academy
Office of Financial Aid
T: 516.726.5638
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Dependent Form V5

2026-2027 Dependent Verification Worksheet
Federal Student Aid Programs

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 the correct information, the Office of Financial Aid will compare your FAFSA with the information on this worksheet along with other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit all documents to the Office of Financial Aid. If you have questions or concerns regarding verification, please do not hesitate to contact the Office of Financial Aid.

A - Dependent Student Information

Student Last Name _____ Student First Name _____ Student's School ID # _____

Student's Street Address (include Apt #) _____ Parent Phone Number (include area code) _____

City _____ State _____ Zip Code _____ Student Phone Number (include area code) _____

B - Dependent Student Family Information

List below the people in your parent(s) household.

- Yourself and your parent(s) including a stepparent.
- Your siblings, including stepsiblings, if your parent(s) will provide more than half of their support from July 1, 2026, through June 30, 2027.
- Other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2027.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled at least half time in a degree, diploma or certificate program at a postsecondary education institution any time between July 1, 2026, and June 30, 2027. If more space is needed, attach a separate page with the student's name and student ID number at the top.

Full Name	Age	Relationship	College or University Name	Enrolled at Least ½ Time
John/Jane Doe (example)	18	Sister/Brother	Central University (example)	Yes or No
		Self		

Student's Full Name _____ School ID # _____

C - Dependent Student's Income Information to be Verified (check the box that applies)

☐ The student has consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2024 IRS income information into the student's FAFSA, either on the initial FAFSA or when making a correction OR will provide USMMA with a 2024 IRS Tax Transcript OR a signed copy of the 2024 1040 Income Tax Return and all applicable schedules.

☐ The student was not employed and had no income earned from work in 2024 OR the student was employed but not required to file a 2024 federal tax return

D - Parent's Income Information to be Verified

Note: If two (2) parents were reported in Section B of this worksheet, the instructions and certifications below refer and apply to both parents.

☐ The student's parent(s) consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2024 IRS income information into the student's FAFSA, either on the initial FAFSA or when making a correction to the FAFSA OR will provide USMMA with a 2024 IRS Tax Transcript(s) OR a signed copy of the 2024 1040 Tax Return(s) and all applicable schedules.

☐ The student's parent(s) was not employed and had no income earned from work in 2024 OR the student's parent(s) was Employed but was not required to file a 2024 federal tax return.

E – Tax Return Non-Filers

- Complete this section if the **parent and/or student** indicated above that they will not file and are not required to file a 2024 income tax return with the IRS. List every employer even if they did not issue a W-2 form. If more space is needed, attach a separate page with the students name and student's ID number at the top.

STUDENT

Employers Name	2024 Amount Earned	W-2 Attached?
Mike's Ice Cream Shop	$1000 (example)	Yes (example)

PARENT

Employers Name	2024 Amount Earned	W-2 Attached?
Woody's Landscaping Service	$2000.00 (example)	Yes (example)

Certification and Signatures

Each person signing this document certifies that all of the information reported is complete and correct. The student and one parent must sign and date.

Student Signature _____ Date _____

Parent Signature _____ Date _____

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

2026-2027 Identity and Statement of Educational Purpose – V5

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 the correct information, the Office of Financial Aid will compare your FAFSA with the information on this worksheet along with 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 documents to the Office of Financial Aid**.
If you have questions or concerns regarding verification, please do not hesitate to contact the Office of Financial Aid.

Student Information

Student Last Name _____ Student First Name _____ Student's School ID # _____

Student's Street Address (include Apt #) _____ Student Phone Number (include area code) _____

City _____ State _____ Zip Code _____

The student must appear in person to verify his/her identity by presenting a valid government-issued photo identification ID, such as, but not limited to, a driver's license, or other state-issued ID, or passport. USMMA will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the Academy Official authorized to collect the student's ID.

In addition, the student must sign this document in the presence of an Academy official, the following **Statement of Educational Purpose**

I certify that I _____ am the individual signing this Statement of
(Print Full Legal Name)
Educational Purpose and that the federal student financial assistance I may receive will be used for educational purposes while attending the United States Merchant Marine Academy for the 2026-2027 academic year.

Student's Signature _____ Date _____

OFFICE USE ONLY

I verify that I am an authorized Academy employee and have seen the identification documentation selected above

Authorized Signature _____ Date _____

If Student Can Not Appear In-Person

If the Academy determines that an applicant is unable to appear in person to present an unexpired valid government-issued photo identification and execute the Statement of Educational Purpose, the applicant must provide the Academy with the following:

- A copy of an unexpired valid government-issued photo identification such as, but not limited to, a driver's license, non-driver's identification card, other State-Issued identification, or U.S. Passport that is acknowledged in a Notary Statement or that is presented to a Notary.

- USMMA must receive these documents via mail. We cannot accept faxed or uploaded documents. Errors with this form or missing photocopies will delay processing of your financial aid.

Student must sign in the presence of a Notary the following **Statement of Education Purpose**

I certify that I, _____, is the individual signing this Statement of
(Print Full Legal Name)
Educational Purpose and that the federal student financial assistance I may receive will be used for educational purposes while attending the United States Merchant Marine Academy for the 2026-2027 academic year.

_____ _____
Student's Signature – Signed before Notary Date

Notary Public: Complete this section only if the student cannot appear in person at the Academy to submit this worksheet. A copy of the same unexpired, signed, valid government-issued ID provided to the Notary must also be provided to the Academy

State of: _____ County of: _____

On the _____ day of _____in the year _____ before me, _____personally appeared _____
Print Student's Name

and provided to me on the basis of satisfactory evidence of identification, a _____,
Type of government-issued photo ID

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

_____
Signature of Notary Public

_____
Commission Expiration Date

Stamp: **Seal:**