



Office of Student Financial Aid
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Telephone: 312-942-6256 | financial_aid@rush.edu

2026-2027 Aggregate Verification Worksheet | Independent Student

Student First Name: _____

Student ID #: _____

Student Last Name: _____

A. Certification and Signatures

I certify that all the information reported is complete and correct. If during the review process, the Office of Student Financial Aid sees a discrepancy, I (student) understand that corrections to my FAFSA will be submitted directly to the U.S. Department of Education on my behalf. I understand that any corrections may also result in an adjustment to my financial aid package that I have been offered.

Please print and sign the completed form.

Student Signature: _____ Date: _____

B. FAMILY SIZE

List the people in student's household. Include:

- The student.
- The student's spouse (if applicable),
- The student's dependent children, if the children now live with the student and will continue to receive more than half of their support from the student from July 1, 2026, through June 30, 2027.
- Other people if they now live with the student and will continue to receive more than half of their support from the student from July 1, 2026, through June 30, 2027.

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

Full Name	Age	Relationship		
		Self		

Instructions: Complete this section to report information about the student and if applicable spouses' income for 2024. The best way to verify income is by using the **Future Act Direct Data Exchange (FA-DDX)** that is part of FAFSA on the Web at studentaid.gov. In most cases, no further documentation is needed to verify 2024 income information that was transferred into the student's FAFSA using the FA-DDX if that information was not changed.

C. STUDENT AND/OR SPOUSE INCOME INFORMATION AND TAX FILING STATUS

Please select **ONE** box only:

I, the student, have used the Future Act Direct Data Exchange in *FAFSA on the Web* to transfer 2024 IRS income tax return information into my FAFSA, either on the initial FAFSA or when making a correction.

I (student) have not yet used the Future Act Direct Data Exchange in *FAFSA on the Web* to transfer 2024 IRS income tax return information but will use the tool to transfer 2024 IRS income tax return information into the student's FAFSA.

I (student) was unable to the Future Act Direct Data Exchange in *FAFSA on the Web* to transfer 2024 IRS income tax return information and instead will submit the 2024 IRS Tax Return Transcript or a signed copy of the 2024 tax return and applicable schedules.

I (the student) was not employed in had no income from work in 2024.

I (the student) was employed in 2024 but am not required to file a 2024 Income Tax Return with the IRS.

I (the student) was employed in 2024 but one of the following applies to myself or my spouse: 1) earned income in a foreign country, 2) worked for an international organization in 2024 without being required to report income on any tax return, or 3) filed a 2024 tax return with Puerto Rico or another U.S. territory. Please submit a non-filing letter from the relevant tax authority other than the IRS dated on or after October 1, 2024.

I (the student) have one of the following unusual circumstances: 1) granted a filing extension by the IRS, or 2) amended my income tax return for 2024, or 3) a victim of identity theft. Please contact the financial aid office for what tax information is required.

Please complete the following table for the student's income if the student was employed in 2024 but was not required to file a 2024 Income Tax Return with the IRS.

Part B. Student/Spouse Wage Information		
Employer's Name	IRS W-2 Provided?	Annual Amount Earned in 2024
(Example) ABC's Auto Body	Yes	\$4500

Student Verification of non-filing status (if applicable)

Please provide a signed and dated statement certifying that the individual has not filed and is not required to file a 2024 income tax return, as well as the sources of 2024 income earned from work and the amount of income from each source, and resources that supported the individual for the tax year.

Check here if a non-filing statement is signed and dated and attached

Check here if a non-filing statement will be provided later (verification cannot be completed until this is received)

D. DOCUMENTATION OF IDENTITY/ STATEMENT OF EDUCATIONAL PURPOSE

**Identity and Statement of Educational Purpose
(To Be Signed at the Institution)**

The student must appear in person at _____ to
(Name of Postsecondary Educational Institution)

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.

**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 _____
(Name of Postsecondary Educational Institution)

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.

Student Name: _____ StudentID #: _____

DOCUMENTATION OF IDENTITY/ STATEMENT OF EDUCATIONAL PURPOSE (Continued from previous page)

Statement of Educational Purpose

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

this 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
_____ for 2026-2027.

(Name of Postsecondary Educational Institution)

_____ (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
(Printed name of signer)

on the basis 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

(seal) _____

(Notary signature)

My commission expires on _____
(Date)