



DEPENDENT

Financial Aid Document Upload to: CCM Titans Direct

INDEPENDENT

2026-2027 Verification Worksheet

Student Name _____

CCM ID# _____

*Your application was selected for review in a process called "verification". Verification is a process governed by U.S. Department of Education, Federal and or NJ State regulations to ensure that information reported on the Free Application for Federal Student Aid (FAFSA) or NJ Alternative Financial Aid Application was reported accurately and if not, your application must be corrected. During this process the Financial Aid Office will compare information from your **2026-2027 FAFSA** application results. Note: IRS Tax information retrieved using the FAFSA's Internal Revenue Service (IRS) **Future Act- Direct Data Exchange (FA-DDX)** process may be considered acceptable documentation (if not subsequently changed) for IRS-related information and your Federal Tax Return Transcript will not be required. Additionally, the law also requires that all requested items be received prior to disbursement. If there are differences between your filed application information and your submitted documents, County College of Morris, Financial Aid Office will make corrections or direct the student to do so, in addition to understand that if registered for classes not required for their CCM degree (major), they are responsible for payment out of pocket. **Attention: All "CONTRIBUTORS", persons (student or student's spouse or biological or adoptive parent or the parent's spouse (stepparent) required to provide a signature on the FAFSA form as well as provide consent + approval to have their federal income tax information transferred to the form. In addition, to a complete file for final financial aid eligibility determination and awarding. Please read and complete all sections below, do not forget to sign on completion.**

SECTION A: NEW JERSEY STATE HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY INFORMATION

~~ Additional Questions and or documents required by **HESAA** to determine STATE assistance. (Enter N/A or "\$0" if not applicable- Do NOT leave BLANK) ~~

Attention! NJ State Applicant Information Request (AIR) Recipient's – Students login to NJFAMS to **view your "To Do List"** responding directly to the State's requests for additional information. This is to ensure eligibility determination for grant and or scholarship (EOF, TAG, CCOG, NJ STARS, etc.).

Students login to <https://njfams.hesaa.org> | **Report Additional Information for State Aid** | <https://www.hesaa.org/Pages/NJGrantsForms.aspx>

Driver's License (check one) Yes [] or No []	Issuing State: _____	DL# _____
1. Will you have your associate degree before you begin the 2026-2027 school year? Yes [] or No []		
2. Veterans Educational Benefits if received Yes [] or No []	Monthly \$ _____	No. of months: _____
Refer to your filed IRS Income Tax Return for the below:		
3. 2024 Untaxed Social Security Benefits received:	Parent \$ _____	Student \$ _____ Spouse \$ _____
4. 2024 Taxable Social Security Benefits received:	Parent \$ _____	Student \$ _____ Spouse \$ _____
5. 2024 Earned Income Tax Credits received:	Parent \$ _____	Student \$ _____ Spouse \$ _____
6. 2024 Unemployment Compensation Amount Received	Parent \$ _____	Student \$ _____ Spouse \$ _____
7. IRS Form 5329 Amount	Parent \$ _____	Student \$ _____ Spouse \$ _____

SECTION B: HOUSEHOLD & CONTRIBUTOR'S INFORMATION

List the people in your household. Write the names of the college for any household member, excluding your parent(s), who will be attending a degree, diploma or an approved certificate program in college at least half time between **July 1, 2026 and June 30, 2027**.

DEPENDENT STUDENTS - INCLUDE:

- Yourself, even if you do not live with your parent(s)
- Your parent(s) (including step-parent if remarried)
- Your parents' other children if (a) your parents will provide more than half of their support between **July 1, 2026 and June 30, 2027**, or (b) the children could answer No to every question in Step 3 of the FAFSA
- Other people if they now live with your parent(s), your parents provide more than half of their support and will continue to provide more than half of their support between **July 1, 2026 and June 30, 2027**.

INDEPENDENT STUDENTS - INCLUDE:

- Yourself (and your spouse)
- Your children, if you will provide more than half of their support between **July 1, 2026 and June 30, 2027**
- Other people if they now live with you, you provide more than half of their support and you will continue to provide more than half of their support between **July 1, 2026 and June 30, 2027**.

	NAME	RELATIONSHIP	AGE	ATTENDING COLLEGE NAME
1.		Self		County College of Morris
2.				
3.				
4.				
5.				
6.				

SECTION C: CONTRIBUTORS TAX FILERS MUST PROVIDE IRS TAX INFORMATION (3 OPTIONS)

Option 1). If you did NOT grant **consent** and **approval** to retrieve and transfer your (and your spouse's, if married), and/or your parent(s)' filed IRS income tax return information using the **Future Act- Direct Data Exchange (FA-DDX) Process** when initially completing the **FAFSA on the web**, you can correct your FAFSA <https://studentaid.gov/> to subsequently transfer this information. If we received a corrected FAFSA, indicating that the transfer was successful, a copy of your **2024 FEDERAL INCOME TAX RETURN TRANSCRIPT** may no longer be required. Please check CCM [Titans Direct- Documents](#) on your status.

Option 2). If you did not utilize the IRS **FA-Direct Data Exchange (FA-DDX)** process, submit a copy of your **2024 FEDERAL TAX RETURN TRANSCRIPT**. To request a copy of your **2024 FEDERAL INCOME TAX RETURN TRANSCRIPT** from the Internal Revenue Service, call (800) 908-9946 or visit to www.irs.gov, you may also request at your local IRS Office or Tax Agency for a copy. **AMENDED INCOME TAX RETURN:** Filers must provide a copy of their **2024** ^(a) **FEDERAL INCOME TAX ACCOUNT** TRANSCRIPT and ^(b) **FEDERAL INCOME TAX RETURN** TRANSCRIPT.

Option 3). Check; ☐ Student | ☐ Spouse | ☐ Parent: If "Unsuccessful in your Attempt" to obtain an IRS Tax Transcript online. Submit a print screen of your attempt, along with your signed, self-filed or Tax Agency copy to us (required).

Student's Name: _____

CCM ID#: _____

SECTION D: NON-TAX FILERS MUST NOT LEAVE BLANK (enter -\$0.00 if applicable)

If you, your parent(s), and/or your spouse (Contributor) did not file and are not required to file a 2024 U.S. Federal Income Tax Return, you must list below all employers and any income received in 2024 for you, your parent(s), and/or your spouse. If you did not file a tax return and are required to as stated in IRS Publication 17, your financial aid file will be incomplete until you file and submit a copy of your IRS Tax Transcript. ***Attention: Non-filers are required to obtain 'proof of not filing' from the IRS. If unsuccessful, submit to our office your signed non-filing statement or check box below (required).**

Attach copies of all 2024 W-2 forms issued to you. List every employer in "Source of Income" even if the employer did not issue an IRS W-2 form. **Attention: Request your W-2 from the IRS, if you misplaced your employers issued copy.**

Check the appropriate box(s) below**2024 ANNUAL AMOUNT****NAMAE SOURCE OF INCOME**

☐ **Student** | ☐ **Spouse** | ☐ **Parent**: *Unsuccessful with obtaining IRS Non-filing proof.

☐ Check here if **you (the student)** will not file and are **not required to file** a 2024 federal income tax return. Report the amount you earned and source of your 2024 income.

☐ Use this space to explain why you have not included a W2 Form

☐ Check here if **your Spouse** will not file and is **not required to file** a 2024 federal income tax return. Report the amount earned and source of 2024 income.

☐ Use this space to explain why you have not included a W2 Form

Example – Paid cash and or check and or other.

☐ **Dependent students**: Check here if **your parent(s)** will not file and are **not required to file** a 2024 federal income tax return. Report the amount earned and source of 2024 income, **benefits**, and **in-kind support** (*monies received or bills or items/goods paid on your behalf by someone else or agency*) received.

☐ Use this space to explain why you have not included a W2 Form

Example – Paid cash and or check and or other.

SECTION E: ADDITIONAL FINANCIAL INFORMATION (enter -\$0.00 if applicable)

1. Complete this section if someone in the student's /parent's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the **2024 or 2025** calendar years.

☐ One of the persons (Contributor) listed in Section B of this worksheet received SNAP benefits in **2024 or 2025**. If asked by the student's school, I will provide documentation of the receipt of SNAP benefits during 2024 and/or 2025.

2. Complete this section if one of the student's parents paid or received child support in **2024**.

☐ One (or both (Contributor)) of the student's parents listed in Section B of this worksheet paid or received child support in **2024**. The parent has indicated below the name of the person who paid or received the child support, the name of the person to whom the child support was paid or received, the names of the children for whom child support was paid or received, and the total annual amount of child support that was paid or received in **2024** for each child. If asked by the school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page. Indicate your name and CCM ID# (preferred) or Social Security Number (optional) at the top of each page.*

3. Complete this section if you or your spouse, if married paid or received child support in **2024**.

☐ Either I, or if married my spouse who is listed in Section B of this worksheet, paid or received child support in **2024**. I have indicated below the name of the person who paid or received the child support, the name of the person to whom the child support was paid or received, the names of the children for whom child support was paid or received, and the total annual amount of child support that was paid or received in **2024** for each child. If asked by my school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page. Indicate your name and CCM ID# (preferred) or Social Security Number (optional) at the top of each page.*

Name of Person Who Paid Child Support in 2024		Name of Person to Whom Child Support was Paid in 2024	Name of Child for Whom Support Was Paid in 2024	Total Amount of Child Support Paid in 2024 (January – December)
<i>Marty Jones (example)</i>		<i>Chris Smith (example)</i>	<i>Terry Jones (example)</i>	<i>\$6,000.00 (example)</i>
1.				\$
2.				\$
3.				\$
4.				\$

CERTIFICATION: By signing or electronically signing (*do not type*) my name in full below, I acknowledge and confirm that the above information is complete and correct. I further understand that if I purposely give false or misleading information on this worksheet as is associated with my completed FAFSA form, I may be fined, sentenced to jail, or both as per Federal Student Aid. **If parent's income is included on this form or processed FAFSA, at least one parent must sign below.**

Student: _____ Spouse (optional): _____ Date: _____

Parent(Dependent students): _____ Date: _____

Upload to Titans Direct-Documents, submitting this signed worksheet and copies of required supporting document's (CCM Id# on all pages).

~~~ Copy of this worksheet for your records ~~~