

SECTION I – STUDENT IDENTIFICATION

Please complete form in blue or black ink. Incomplete forms will not be accepted.

Your FAFSA application was selected for a review process called Verification, which is required under Federal Financial Aid program rules. In this process we will be comparing information from your FAFSA, this form, and data transferred from the Internal Revenue Service. Please carefully answer all questions and supply additional information as requested.

Please complete the verification requirements as soon as possible. Failure to complete verification will prevent processing of your financial aid.

Student Last Name	First Name	M.I	Student ID#
Permanent Address (include Apt #)			Date of Birth
City	State	Zip	Home Phone Number Cell Phone Number

SECTION II – FAMILY SIZE

Family Size includes the following:

- You and your spouse (if applicable)
- Your dependent children if the following are true:
 - They live with you (or live apart because of college enrollment);
 - They receive more than half of their support from you; and
 - They will receive more than half of their support from you from July 1, 2026 to June 30, 2027.
- Other persons if the following are true:
 - They live with you;
 - They receive more than half of their support from you; and
 - They will receive more than half of their support from you from July 1, 2026 through June 30, 2027.

The provided criteria for “dependent children” and “other persons” align with the requirement that family size align with whom you could claim as a dependent on a U.S. tax return if you were to file a U.S. tax return at the time of completing the 2026-2027 FAFSA. As a result, you should not include any unborn children in the family size.

LIST THE NAME OF EACH HOUSEHOLD MEMBER (INCLUDING YOURSELF)	AGE	RELATIONSHIP TO YOU	NAME OF COLLEGE (if enrolled at least ½ time between July 2026-June 2027)
		Self	Marine Trades Institute

You must complete all boxes for each household member, including yourself.

If more space is needed, attach a separate page with your name and ID number at the top.

Check if:

- ☐ You are still living in your parent’s household
- ☐ Someone else is providing your basic living expenses – Name/relationship _____

SECTION III – INCOME INFORMATION FOR TAX FILERS – STUDENT & SPOUSE (IF APPLICABLE)

Important Note: The instructions below apply to you and your spouse (if applicable). Notify the financial aid office if you or your spouse filed separate IRS income tax returns for 2024 or had a change in marital status after December 31, 2024.

Select **ONE** of the following options depending on your tax filing situation.

- ☐ **Tax Data Successfully Transferred** – You transferred your IRS tax information directly from the IRS to the FAFSA.
- ☐ **Income and tax information was not available for importing or could not be used** – submit a signed copy of your 2024 Federal Tax Return with applicable schedules or your 2024 IRS Tax Return Transcript.

Other Tax information:

Untaxed portions of IRA distributions \$ _____ IRA rollover into another IRA or qualified plan \$ _____

Untaxed portions of pensions \$ _____ Pension rollover into an IRA or other qualified plan \$ _____

Foreign Earned Income Exclusion \$ _____

SECTION IV – INCOME INFORMATION FOR NON-TAX FILERS – STUDENT & SPOUSE (IF APPLICABLE)

By completing this document, you certify that you have not filed and are not required to file a 2024 income tax return, and you have listed all income earned from work, other income, and resources for the 2024 tax year.

Check any box that applies below:

- ☐ **2024 Non-Tax Filer with NO Earnings** – You did not complete a federal tax return for 2024. You and your spouse were not employed and had no income earned from work in 2024.
- ☐ **2024 Non-Tax Filer with Earnings** – You did not complete a tax return but had earnings in 2024. Complete the chart below listing all employers (for you and your spouse) and total earnings. Provide copies of all W-2s.

Employer's Name	IRS W-2 or an Equivalent Provided?	Annual Amount Earned in 2024
<i>(example) ABC's Auto Body Shop</i>	Yes	\$4,500.00
Total Amount of Income Earned from Work		\$

- ☐ **2024 Non-Tax Filer with Other Income or Resources** – You did not complete a tax return but had other income and resources that supported you in 2024. Complete the chart below listing each source of income below (for you and your spouse).

Source of Income	Annual Amount in 2024
<i>(example) rental property</i>	\$4,500.00
Total Amount of Income	\$

SECTION V – CERTIFICATION AND SIGNATURE

By signing this form, I certify that all of the above information is complete and correct.

Print Student's Name Student's Signature (required) Date

Print Spouse's Name (if applicable) Spouse's Signature (if applicable) Date

If you or your spouse have experienced a significant change in your financial situation since 2024, you may be eligible for a re-evaluation due to Special Circumstances. Please contact the Financial Aid Office for more information.

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

Return to: Marine Trades Institute, 485 S. Meridian Rd., Cedarville, MI 49719

You may upload this form through the Marine Trades Institute Student Portal: www.glbbs.empower-xl.com