

**Dependent Student  
Family Verification Worksheet  
2026-2027**



**Student's Name:** \_\_\_\_\_ **Student HC ID# or last 4# of SSN:** \_\_\_\_\_

We have received your student's 2026-2027 Free Application for Federal Student Aid (FAFSA). Your student's FAFSA was selected for a process called "Verification". Hastings College is required by federal regulation to collect information to verify that the FAFSA is accurate. Any corrections made based on this documentation will be reported to you by the Federal Student Aid Center on an updated Student Aid Report.

**Family Size:**

Please list the following people below:

1. The above-named student
2. The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
3. The student's siblings if the following are true:
  - They live with the student's parents (or live apart because of college enrollment).
  - They receive more than half of their support from the student's parents during the 2026-2027 academic year.
4. Other persons if the following are true:
  - They live with the student's parents,
  - They receive more than half of their support from the student's parents during the 2026-2027 academic year.

Full Name	Date of Birth	Relationship to Student (check appropriate choice)
		Student
		Parent
		Parent/Step-parent
		<input type="checkbox"/> sibling
		<input type="checkbox"/> other _____
		<input type="checkbox"/> sibling
		<input type="checkbox"/> other _____
		<input type="checkbox"/> sibling
		<input type="checkbox"/> other _____
		<input type="checkbox"/> sibling
		<input type="checkbox"/> other _____

***Please list additional family members on the back of this form including all information required.***

**\*Parent Marital Status Change:** If you are currently going through a divorce or separation or have been widowed since filing the FAFSA or completing your 2024 joint tax return, please call our office. This change may impact your student's financial aid.

I/we certify that all of the information provided in this document is true, complete and accurate. Signature is required of the student and at least one parent/step-parent whose information has been reported on this form. My signature indicates I understand if I purposely give false or misleading information I may be fined, sent to prison, or both.

**\*Manually sign with a ball point pen. (Digital and typed signatures will not be accepted)**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

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