



Bronx Campus  
Office of Student Financial Services  
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Bronx, NY 10468  
Phone: (646) 393-8400

New Rochelle Campus  
Office of Student Financial Services  
434 Main Street  
New Rochelle, NY 10801  
Phone: (914) 740-6849

**2025-26 AGGREGATE VERIFICATION WORKSHEET GROUP (V5) - NOTARY  
INDEPENDENT**

Your Free Application for Federal Student Aid (FAFSA) was selected by the federal Department of Education for review in a process called "Verification". In this process, the Office of Student Financial Services will compare information from your FAFSA with this worksheet and with any other required documents. The Verification must be finalized prior to the distribution of federal aid. If inconsistencies are found between your FAFSA, verification worksheet, and other documentation, the Office of Student Financial Services may electronically amend the necessary changes.

**INSTRUCTIONS:**

- Complete this section if you and spouse **filed or will file** a 2023 Federal income tax return(s). As part of the federal student aid eligibility, you and spouse (as appropriate) will be required to consent and approve sharing and importing income and tax information from the IRS to the FAFSA form, even if the attempt to obtain or use such data is ineffective. In other words, if you and spouse (if applicable) filed separate 2023 Federal Income Tax Returns, both must provide consent and approval to share and import income and tax information from the IRS. In most cases, no further documentation is needed to verify 2023 income information that was transferred into the student's FAFSA using income and tax information directly from the IRS.
- If 2023 Federal Income Tax Return information for you and spouse (as appropriate) was not available or could not be used, you must provide the institution with a **2023 IRS Tax Return Transcript (s) or a signed copy of the 2023 Federal Income Tax Return and applicable schedules.**  
A 2023 IRS Tax Return Transcript may be obtained through:
  - Get Transcript by Mail or Online**—Go to [www.irs.gov](http://www.irs.gov), click "Get Your Tax Record." Click "Get Transcript by Mail or Online." Make sure to request the "Return Transcript" and **NOT** the "Account Transcript."
  - Automated Telephone Request**—1-800-908-9946. Transcript is generally received within 10 business days from the IRS's receipt of the telephone request.
  - Paper Request Form**—IRS Form 4506T-EZ or IRS Form 4506-T. The transcript is generally received within 10 business days.
- Independent student must sign this worksheet.
- Submit the completed and signed Verification Worksheet with the required documentation to the Office of Student Financial Services.

**A. STUDENT INFORMATION (Please Print)**

Last Name	First Name	Monroe University ID Number	
Address (include Apt.#)	City	State	Zip Code
Cell Phone # ( )	Home Phone # ( )	Date of Birth (MM/DD/YYYY) / /	
		Personal E-Mail	

**B. FAMILY SIZE INFORMATION (if more space is required, attach a separate page with name and ID on top.)**

Complete the chart below with whom you could claim as a dependent on U.S. tax return. Use the information below to determine who should be included in the family size. Family Size includes the following:

- The student
- The student's spouse, if applicable.
- The student's dependent children if the following are true:  
They live with the student' (or live apart because of college enrollment); they receive more than half of their support from the student and they will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:** They live with the student; they received more than half of their support from the student and they will continue to receive more than half their support from the student during the award year.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S. tax return at the time of completing the 2025-2026 FAFSA. As a result, the student should not include any unborn children in the family size. If more space is needed, provide a separate page with your name and ID number at the top.

FULL NAME	AGE	RELATIONSHIP TO STUDENT
		SELF

**C. TAX FILERS - STUDENT (AND SPOUSE, IF MARRIED)**

Check the appropriate box below and provide the requested information and/or documents:

<input type="checkbox"/> I/we gave consent and approve sharing and importing 2023 Federal Income and Tax information from the IRS to my FAFSA form.
<input type="checkbox"/> I/we <b>did not (or could not)</b> give consent and approve sharing and importing 2023 Federal Income and Tax information from the IRS to my FAFSA form. Therefore, I/we have attached my/our 2023 IRS Tax Transcript or a signed copy of my 2023 Federal Income Tax Return and applicable schedules.

**D. NON-TAX FILERS - STUDENT (AND SPOUSE, IF MARRIED)**

Check the appropriate box below and provide the requested information and/or documents:

- a.  I/we **was/were not employed** and had no income earned from work in 2023. Therefore, was/were not required to file a 2023 Federal Income Tax Return.
- b.  I/we **was/were employed** and had income from work in 2023, but was not required to file a 2023 Federal Income Tax Return.
- Complete the chart below by listing each employer(s) and the amount that was earned in 2023 (list every employer even if the employer did not issue an IRS W-2 form). If you need more space, attach a separate page.
  - Attach copies of all 2023 IRS W-2 forms issued to the student by their employers
  - Attach IRS Verification of Non-Filing Letter. (Only if you have Foreign Income entered on the FAFSA and is selected for verification)

COMPLETE CHART ONLY IF BOX b ABOVE IS CHECKED	Employer's Name	2023 Amount Earned	IRS W-2 Forms Attached	IRS W-2 Forms "Not Issued"
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>

**F. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To Be Signed in the Presence of a Notary)**

The student is unable to appear in person at **Monroe University - Bronx/New Rochelle Campus**, to verify his or her identity, the student must provide to the institution both of the following items:

- (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.

I am unable to appear in person at **Monroe University - Bronx/New Rochelle Campus**, therefore I am signing the Statement of Educational Purpose in the presence of the notary.

**STATEMENT OF EDUCATIONAL PURPOSE**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
(Print Student's First Name and Last Name)

and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Monroe University - Bronx/New Rochelle Campus** for 2025-2026.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Monroe University ID Number

\_\_\_\_\_  
Date

**NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT**

State of \_\_\_\_\_, City/County of \_\_\_\_\_ on \_\_\_\_\_,  
(Date)

before me, \_\_\_\_\_, personally appeared, \_\_\_\_\_, and  
(Notary's Name) (Printed name of signer)

proved to me on basis of satisfactory evidence of identification, \_\_\_\_\_, to be the above-name person who  
(Type of unexpired government-issued photo ID provided)

signed the foregoing instrument.

WITNESS my hand and official seal  
(seal)

\_\_\_\_\_  
(Notary Signature)

My commission expires on \_\_\_\_\_  
(Date)

**G. CERTIFICATION**

Each person signing this worksheet certifies that all information reported on this form is complete and accurate. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined up to \$20,000, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\***

Completed by the designated financial aid administrator:

ID Type: \_\_\_\_\_

Copy of ID attached:

Designated FAA Name: \_\_\_\_\_  
(Print Designated FAA Name)

Designated FAA Title: \_\_\_\_\_

Designated FAA Signature: \_\_\_\_\_

Date: \_\_\_\_\_