



UNIVERSITY
of MOBILE

OFFICE OF FINANCIAL AID

2026-2027 Verification Form

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The Office of Federal Student Aid has selected your FAFSA application for a process called verification. In this process, the Office of Financial Aid will compare your FAFSA with the information reported on this form and any other required documents. Under law 34 CFR, Part 668 we have the right to ask you for this information before awarding Federal aid. If differences exist between your FAFSA and your financial documents, we will make electronic corrections to your FAFSA, and you will be notified of these required corrections. Your signature is needed on this form. Please review, print, and submit once complete.

1. Student Information:

Last Name: _____ First Name: _____ M.I.: _____

Address/City: _____ State: _____ Zip: _____

Student Cell: _____ Parent Cell: _____

Student Email: _____ University ID or Social Security#: _____

2. Education Purpose Statement: (required for all)

I certify that I _____ am the individual signing 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 the University of Mobile for 2026-2027.





Student's Signature

Date





University ID

3. Family Information:

Dependent Students: List ALL the members in **your parents' household** on the lines below. Include:

-  Yourself.
-  Your custodial parent(s)/stepparent.
-  Your parents' other children if they receive more than half their support from your parent(s) AND will continue to receive this support between July 1, 2026 through June 30, 2027;
-  Other individuals, who now live with your parent(s) AND who receive more than half of their support from your parent(s) AND will continue to receive this support between July 1, 2026 through June 30, 2027.







Independent Students: List ALL the members in **your household** on the lines below. Include:

-  Yourself.
-  Spouse, if applicable;
-  Your children, if you provide more than half of their support from July 1, 2026 through June 30, 2027;
-  Other individuals, who now live with you AND you provide more than half of their support AND will continue to provide more than half of their support from July 1, 2026 through June 30, 2027.

Include the name of the college for your household members who will be attending college at least half-time and will be enrolled in a degree or certificate program between July 1, 2026 and June 30, 2027.

Name	Age	Relationship	College
		Self	University of Mobile

The 2026-2027 FAFSA requires 2024 tax information. The following sections refer to 2024 FASI income for you, your spouse (if applicable) and parent (s). One or more of the forms below may be needed to complete verification. You will check the appropriate box below in sections 3 and 4 as to how that tax information

-  Provide 2024 Federal Income **Tax Return Transcript (TRT)**. You can request a letter of non-filing status online at www.irs.gov/individuals/get-transcript or call 1-800-908-9946 or by mail using form 4506TEZ. **OR**
-  A signed copy of **Form 1040 2024 tax return and applicable schedules** filed with the IRS may be submitted.
-  If you **did not file**, due to wages not requiring you to file, provide all 2024 W-2 Forms. (common for students) **OR**
-  An Earnings Statement if you are self-employed or do not have a W-2.
-  If you **did not file**, and you are an **INDEPENDENT STUDENT**, you will need to provide a letter of non-filing status. You can request a letter of non-filing status online at www.irs.gov/individuals/get-transcript or call 1-800-908-9946 or by mail using form 4506TEZ;
-  If you have amended your 2024 Federal Income Tax return, have been granted a tax extension, or have been a victim of IRS tax related ID theft, please call our office for more information.

****Please add student name and SS# or ID# to all IRS documents****

4. Student's (and Spouse, if applicable) income information: Please check only **one** box below.

- ☐ Attached is a copy of my (and my spouse's if applicable) 2024 **IRS Tax Return Transcript (TRT)**.
- ☐ Attached is a signed copy of **Form 1040 2024 tax return and applicable schedules** that were filed with the IRS.

- ☐ I did **NOT FILE (non-filer)** and was not required to file a 2024 Federal Tax Return. Please complete the non-filer information below (N/A and Zero are acceptable if you did not have income). **IF there was income earned from work, W-2 forms must be submitted.** Complete the non-filer form below with employer name and amount earned.
- ☐ I am an independent student and I was not required to file a 2024 Federal Tax Return. I have attached a **letter of "Non-filing"** status for myself (and spouse, if applicable) from the IRS.

Non-Filers are required to complete the following section; if no work income was earned, please enter N/A under employer and enter 0 under total income earned 2024.

2024 Employer Name	Total Income Earned	
1. _____	\$ _____	<input type="checkbox"/> W-2 Form Attached
2. _____	\$ _____	<input type="checkbox"/> W-2 Form Attached

5. Parents'/stepparent income information: Please check only one box below.



- ☐ Attached is a copy of my parents' **2024 IRS Tax Return Transcript (TRT)**.
- ☐ Attached is a signed copy of **Form 1040 2024 tax return and applicable schedules** filed with the IRS.
- ☐ My parent(s) did **NOT FILE (non-filer)** and were not required to file a 2024 Federal Tax Return. Please complete the non-filer information below (N/A and Zero are acceptable if you did not have income). **W-2 forms must be submitted to document income earned from work.** If married, split out the appropriate amounts for parent 1 and parent 2 (including stepparent, if applicable).
- ☐ My parent/stepparent did not file a Federal Tax Return. I have attached a **letter of non-filing status** for each parent.

Non-Filers are required to complete the following section; if no work income was earned, please enter N/A under employer and enter 0 under total income earned 2024.

2024 Employer Name	Total Income Earned	
1. _____	\$ _____	<input type="checkbox"/> W-2 Form Attached
2. _____	\$ _____	<input type="checkbox"/> W-2 Form Attached

6. Identity/Status of Educational Purpose: (complete one of the following)

A. Complete in person at University of Mobile:

-  The student must appear in person at the University of Mobile to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, 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.
-  Statement of Educational Purpose provided.

Student Signature




Date Document Received

The valid government issued documentation attached was presented in person and reviewed by the staff member below. I certify that the attached copy is a true and accurate representation of the student's government issued identification.

FA Counselor Signature

Date Document Received

B. Complete if the student is NOT able to appear in person at University of Mobile

-  The student must provide the following documentation with notarized signature:
-  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.
-  Statement of Educational Purpose provided, which must be notarized.

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of _____ City/County of _____

on this _____ day of _____, 20 _____.

before me, the undersigned notary public, personally appeared _____
(Printed name of student)

Proved to me through satisfactory evidence of identification, which was _____
(Type of government-issued photo ID provided)

to be the person whose name is signed on the preceding or attached document and acknowledged to me that
he/she signed it voluntarily for its stated purpose.

Signature of Notary Public

Commission Expiration Date of Notary Public

(Notary seal)

Section 7: Student and Parent Signatures:

Each person signing below certifies that all the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student _____ Date _____

Parent/Stepparent _____ Date _____

(Dependent students must have a parent/stepparent signature)

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

UM Office of Financial Aid • 5735 College Parkway • Mobile, Alabama • 36613-2824
Phone: (251) 442-2222 • Fax: (251) 442-2498 • AskFinancialAid@umobile.edu

