2026–2027 Independent V5 Worksheet
Office of Financial Aid

A. Student's Information

_____ _____

Student's Last Name Student's First Name Student's M.I. CBC ID #

_____ _____

Student's Phone Number Date of Birth

B. Household Information

Family size includes the following:

- The student.
- The student's spouse, if applicable.
- The student's dependent children if the children now live with the student and will continue to receive more than half of their support from the student from July 1, 2026, through June 30, 2027.
- Other people if they now live with the student and will continue to provide more than half of their support from July 1, 2026, through June 30, 2027.

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 2026-2027 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 the student's name and ID number at the top.

Full Name	Age	Relationship
		Self

C. Student's Tax Filing Status and Income Information

Check only the box that applies:

☐ I have used the Future Act Direct Exchange in FAFSA on the Web to transfer 2024 IRS Income Tax Return information into my FAFSA.

☐ I was unable to use the Future Act Direct Data Exchange and will submit the 2024 IRS Tax Return transcript or a signed copy of the 2024 Tax Return. Visit www.irs.gov/Individuals/Get-Transcript to obtain a 2024 Tax Return transcript.

☐ I am not required to file a 2024 Income Tax Return because I did not earn income in 2024.

☐ I am not required to file a 2024 Income Tax Return, but I earned income in 2024.
List below your employer(s) and whether an IRS W-2 or an equivalent document is provided.
Attach copies of all W-2 forms. *Non-tax filers complete the section below.

Employer' Name	**2024 IRS W-2 (attached)**

Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age or disability.

D. Spouse's Tax Filing Status and Income Information *(if student is married)*

Check only the box that applies:

☐ I (spouse) have used the Future Act Direct Exchange in FAFSA on the Web to transfer 2024 IRS Income Tax Return information into my FAFSA.

☐ I (spouse) was unable to use the Future Act Direct Data Exchange and will submit the 2024 IRS Tax Return transcript or a signed copy or the 2024 Tax Return. Visit www.irs.gov/Individuals/Get-Transcript to obtain a 2024 Tax Return transcript.

☐ I (spouse) am not required to file a 2024 Income Tax Return because I did not earn income in 2024.

☐ I (spouse) am not required to file a 2024 Income Tax Return, but have earned income in 2024.
List below your spouse's employer(s) and whether an IRS W-2 or an equivalent document is provided.
Attach copies of all W-2 Forms. *Non-tax filers complete the section below.

Employer's Name	2024 IRS W-2 (attached)

***Non-Tax Filers:** Provide a signed and dated statement certifying that you have not filed and are not required to file a 2024 income tax return, as well as the sources of 2024 income earned from work and the amount of income from each source.

E. Certification and Hand Written Signature-Signature cannot be typed

Each person signing below certifies that all the information reported is complete and correct.

_____ _____
Student Signature Date

_____ _____
Spouse's Signature (Optional) Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Identity and Statement of Educational Purpose
Office of Financial Aid

Student's Information

_____ _____
Student's Last Name Student's First Name Student's M.I. CBC ID #

_____ _____
Student's Phone Number Date of Birth

Identity and Statement of Educational Purpose
(To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at ***Coastal Bend College*** to verify his or her identity, the student must provide to the institution:

(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.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational
(Print Student's Name)
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 ***Coastal Bend College*** for 2026-2027.

_____ _____
Student Signature Date

_____
Student ID number

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Notary's Certificate of Acknowledgement

State of _____
City/County of _____
On_____, before me, _____,
(Date) (Notary's name)
personally appeared, _____, and provided to me
(Printed name of signer)
on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal) _____
(Notary Signature)

My commission expires on _____
(Date)

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