Verification Worksheet 2025-2026

PRATT INSTITUTE

Student Financial Services sfs@pratt.edu

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Manhattan Campus New York, NY 10011 212-647-7788

You are required to provide the following information as your Free Application for Federal Student Aid (FAFSA) was selected by the US Dept. of Education for review. This process is called Verification and we cannot process your financial aid until Verification has been completed, so please provide the following information and required documents as soon as possible.

Student Last Name	Student First Name	Student First Name		PRATT ID Number	
Street Address				Date of Birth	
City	St	tate	ZIP Code	E-Mail Address	
Home Phone Number (Include Are	a Code)			Cell Phone Number or Alternate Phone Number	
Family Information					
 (Support includes money, gif The student. The parents (including) The parents' other charter children woo children who meet ei Other people if they in 	its, loans, housing, food, clothes, care, med g a step-parent), even if the student do ildren, if the parents will provide more ould be required to provide parental in ther of these standards, even if the ch	oesn't e than oformat	I dental care, pay live with the pa half of their sup tion if they wer do not live with	oport from July 1st, 2025, through June 30th, 2026 or if e completing a FAFSA for 2025-20256 Include	
 (Support includes money, gifts, The student (and the The independent stude Other people if they in 	loans, housing, food, clothes, care, medica student's spouse, if he/she has one), a dent's children, if he/she will provide r	al and d and more th	ental care, paymonan half of their	oort between July 1 st , 2025 and June 30 th , 2026: ents of college costs, etc.) Include the following: r support from July 1 st , 2025- June 30 th , 2026, and more than half of their support, and the independent 25- June 30 th , 2026.	

Include the name of the college for any household member, excluding the parents, who will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1st, 2025, and June 30th, 2026. (If more space is needed, provide a separate page with the student's name and ID number at the top.)

1.	Full Name	Age	Relationship Self	Name of College	If you filed a tax return and claimed self, please check below	
					Yes	No
2.					Yes	No
3.					Yes	No
4.					Yes	No
5.					Yes	No
6.					Yes	No
7.					Yes	No

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Income and IRS Tax Information						
. Student (and Spouse) Income Information:						
Check the appropriate boxes below and provide the requested information and documents:						
 □ The student used the Direct Data Exchange (DDX) to transfer 2023 inco made and/or I/we have attached a copy of my/our 2023 IRS Tax Transwww.IRS.gov and click on the "order a Return or Account Transcript" link, or Check here if you will not file and are not required to file a 2023 U.S. Inco 	nscript. To obtain an IRS tax return transcript you can go to or call 1-800-908-9946.					
II. Parent(s) Income Information:						
Check the appropriate boxes below and provide the requested information an	nd documents:					
 □ The Student's parent used the Direct Data Exchange (DDX) to transfer 2023 income information on the FAFSA and no further changes were made and/or I/we have attached a copy of my/our 2023 IRS Tax Transcript. To obtain an IRS tax return transcript you can go to www.IRS.gov and click on the "order a Return or Account Transcript" link, or call 1-800-908-9946. □ Check here if you will not file and are not required to file a 2023 U.S. Income Tax return. 						
Certifications and Signatures						
By signing this worksheet, I/we certify that all the information reported within is co	omplete and accurate.					
by signing this worksheet, if we certify that an the information reported within is the	ompiete and accurate.					
Student's Signature	Date					
Parent's/Snouse's Signature	Date					

				FOR INTERNAL US	ONLY	
Date Re	ceived:			Date Processed:	Recipient:	
Status:	□ Approved	□ Denied	□ Pending	FA Counselor Signature:	Date:	