



Financial Aid Office
360 Choate Avenue
Buffalo, NY 14220
716.826.1200

First Name: _____ Last Name: _____ Student ID: _____

Instructions

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your spouse (if married) reported on your FAFSA. To verify that you provided correct information Trocaire College will compare your FAFSA with the information on this worksheet and with any other required documents. You must complete and sign this worksheet, attach any required documents, and return to the Trocaire Financial Aid Office.

Section 1: Household Verification

Write the names of all household members in the space below.

List **ALL** individuals in your household, including:

1. You and your spouse (if married).
2. Your children if they live with you (or live apart due to college enrollment) or if you provide more than half of their support from July 1, 2025, through June 30, 2026.
3. Other people if they live with you and if you currently provide more than half of their support and will continue to provide more than half of their support from July 1, 2025, through June 30, 2026.

Full Name	Age	Relationship
		Self

Section 3: Certification and Signature - Please handwritten your signature. Typed Signatures cannot be accepted.

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize Trocaire College to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature (*Cannot be typed*)

Date

Spouse Signature (if married)

Date