Form: **I-05**

2026-27 Standard/Identity Verification

Capital University

A. Student Information

Last Name | *First Name* | *Date of Birth* | *Capital Student ID*

Spouse Email Address (if married) | *Preferred Phone Number*

B. Marital Information (only required if student is married, divorced, or separated)

COMPLETE THE TABLE BELOW.

- **If married, divorced, or separated, include** your most recent marital status and marital date.
- **If married, include** your spouse's name, date of birth, and the name of the college they are attending; *if applicable.*
- **Do NOT complete Section B -** if you are single/unmarried.

Spouse's Name (if married):		**Marital Status** ***(check only one)***
Spouse's Date of Birth (if married)	**Date of Most Recent Marital Status (MM/YYYY)**	☐Married ☐Divorced/Separated
	____/_____	

C. Family Information

COMPLETE THE TABLE BELOW.

- **Include** your (and your spouse's) children if you (or your spouse) will provide more than half of the children's support from July 1, 2026, through June 30, 2027.
- **Include** other people if they now live with you and you (or your spouse) 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.
- **Do NOT include yourself or your spouse in the boxes below.** That information is reported in Sections A and B.

Full Name	Age	Relation to Student

(Attach a separate sheet or list below in the margin if you need more room.)

D. Tax Filing Status and Income Information

	STUDENT
	1) Check one of the following:
☐	I filed a 2024 Federal Tax Return. ***** **Circle one**: IRS Tax Return Transcript Enclosed **OR** Direct Data Exchange (DDX) used
☐	I was not employed and had no earned income in 2024 and did not file a 2024 Federal Tax Return. **†**
☐	I did not file a 2024 Federal Tax Return, but did work and/or have earned income. **†**

	SPOUSE ***(only required if student is married)***
	2) Check one of the following:
☐	My spouse filed a 2024 Federal Tax Return. ***** **Circle one**: IRS Tax Return Transcript Enclosed **OR** Direct Data Exchange (DDX) Used
☐	My spouse was not employed and had no earned income in 2024 and did not file a 2024 Federal Tax Return. **†**
☐	My spouse did not file a 2024 Federal Tax Return, but did work and/or have earned income. **†**

***All tax filers must submit:**

A 2024 Federal IRS Tax Return Transcript, *available on irs.gov/individuals/get-transcript or at 1-800-908-9946.*

OR

You consented/approved the sharing/importing of income and tax info from the IRS to the FAFSA (DDX).

†Anyone who did not file and was not required to file, per the IRS, a 2024 Tax Return must:

Contact our office to complete a Non-Filer Certification, and you MUST request a Verification of Non-filing Letter from the IRS available on irs.gov/individuals/get-transcript or at 1-800-908-9946.

E. Identity Certification

The student must provide the following to verify their identity, **either in person to Capital University's Financial Aid Office, OR in the presence of a notary:**

(a) **A copy of an unexpired, valid government-issued photo identification (ID)** that is acknowledged in the notary statement below, such as, but not limited to, a driver's license, other state-issued ID, or passport;

The certification below only needs to be completed if you are NOT going to appear in person at Capital's Financial Aid Office.

Notary's Certificate of Acknowledgement ***

State of _____City/County of _____on_____ (date), before me,

_____, personally appeared, _____, and proved to me
(Notary's printed name) (Printed name of signer)

because of satisfactory evidence of identification _____ to be the above-named
(Type of unexpired government-issued photo ID provided)

person who signed the foregoing instrument. **WITNESS my hand and official seal**

_____
(Notary signature)

My Commission expires on _____ (Date)

***** If the Certificate of Acknowledgement has been notarized, you must provide the original form. A faxed or emailed copy will NOT be accepted.**

F. Certification and Signatures

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct. I agree, if asked, to provide documentation that will verify the accuracy of the information provided on this completed form.

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

_____
Student Signature Date

_____
Spouse's Signature *(optional)* Date

Return this worksheet and other documents to:
Capital University Financial Aid Office
1 College and Main, Columbus, Ohio 43209
Fax: 614-236-6926

Do not email documents with personally identifiable information.

DO NOT COMPLETE - FOR OFFICE USE ONLY: If verifying from a Federal Tax Return Transcript

AGI	Taxes Paid	Tax-Exempt Int.	Untaxed IRA/Pension	Other Untaxed
IRA Deduct	**Keogh/SEP**	**Edu. Credits**	**Pension Pay.**	**FWS Earnings**
Total Household Size: _____				