

Union College Financial Aid Office / Grant Hall – Third Floor 807 Union Street / Schenectady, NY 12308

Phone: (518) 388-6123 Fax: (518) 388-8052 Email: finaid@union.edu

2024/25 Dependent Verification Worksheet

issue a W-2 are listed below.

| Last Name | First Name | M.I | | Union ID or SSN |
|--|--------------------------------|--------------------------------------|--|---|
| Address | | | | Date of Birth |
| City | State | Zip | | Phone Number |
| Part 1. Family Mem | bers – Carefully follo | w instructio | ons below | |
| Please list: | · | | | |
| 1. Yourself | | | | |
| parent during the 12 include your steppar | | o completing the noncustodial par | who provided more financial sup e FAFSA. If that parent is rema rent.) | |
| | th your parents (or live apart | | ege enrollment) | |
| | | | our parents from July 1, 2024 th | rough June 30, 2025. |
| • | th of the following stateme | * * | 1 3 , | , |
| a. they live wit | | | | |
| b. they will rec | eive more than half of their | support from yo | our parents from July 1, 2024 th | rough June 30, 2025. |
| Relationship to Student (See instructions above) | Full Name | Age | Name of College (List only if attending at least half-time during 2024/25) | 2024/25 Status (List "undergraduate", "graduate student", or "not in college") |
| Union Student | | | Union College | Undergraduate |
| Parent 1 | | | Not Applicable | |
| Parent 2, if applicable | | | Not Applicable | |
| Sibling/other | | | | |
| Sibling/other | | | | |
| Sibling/other | | | | |
| If you need more space for fa | amily members, attach a sep | arate page and i | nitial here: | |
| Part 2. Student 2022 | Income Information- | - NON-FILI | ERS ONLY | |
| | | | must select one of the follow | ing options: |
| | ployed and had no income fr | | | - |
| | | OR | , | |

| Employer's Name (List only those who did not issue a W-2 form) | 2022 Amount Earned |
|--|--------------------|
| | |
| | |
| | |

2. I was employed and all W-2(s) are attached or have been previously submitted. Any employers who did not



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Last Name First Name M.I. Union ID or SSN

| YES, a 2022 tax | return was required an | d has been filed | |
|--|--|---|---|
| | | nave income listed on either/both of the iated 1099-R forms. Additionally, please | |
| TOTAL Amount o | f Rollover: \$ | | |
| NO , a 2022 tax r | eturn was not complete | ed or required | |
| Parents who did not and v | vere not required to file a | a tax return must select one of the fo | llowing options: |
| previously submitte | are attached or have been d. Note: Employers who should be listed in Part 4 For Tax Filers and | earn any income f | not receive any W-2s or rom work in 2022. |
| | | d income and the corresponding dolla | ar amount |
| Sources of Untaxed Income | 2022 Amount Earned | Other Sources of Untaxed Income | 2022 Amount Earned |
| a. Child Support You Received | | d. | |
| b. Workers' Compensation | | e. | |
| c. Disability Payments | | f. | |
| Part 5. Certifications and | es that all of the information | n reported is complete and accurate. The | |
| whose information was reported o accepted. | n the FAFSA must sign an | | nte |