

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

## 2026/27 Independent Verification Worksheet

Last Name	First Name	M.I.	Union ID
Address			Date of Birth
City	State	Zip	Phone Number
,		1	

## Part 1. Family Members – Carefully follow instructions below

## **Please list:**

- 1. Yourself
- 2. Your spouse, if you have one.
- 3. Your dependent children if both of the following statements are true:
  - a. they live with you or live apart because of college enrollment
  - **b.** they will receive more than half of their support from you from July 1, 2026 through June 30, 2027.
- 4. Other persons if both of the following statements are true:
  - a. they live with you
  - **b.** they will receive more than half of their support from you from July 1, 2026 through June 30, 2027.

Relationship to Student (see instructions above)	Full Name	Age	Name of College (List only if attending at least half-time during 2026/27)	2026/27 Status (List "undergraduate", "graduate student", or "not in college")
Union Student			Union College	Undergraduate
Spouse, if applicable				
Child/other				
Child/other				
Child/other				

If you need more space for household members, attach a separate page and initial here:

## Part 2. Student 2024 Tax & Income Information: UNMARRIED STUDENTS ONLY (If married, skip to Part 3)

UNMA	<b>ARRIED</b> student: If you filed taxes, skip to Part 4. If you did not and were not required to file a tax
return,	, select one of the following options.
	1. I was not employed and had no income from work during the 2024 tax year.

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

Employer's Name (List only those who did not issue a W-2 form)	2024 Amount Earned



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

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Part 3. Student 2024 Tax Were you required to fi		tion: MARRIED STUDENT	S ONLY
• •		dhaahaan Clad	
	return was required an		1:
	please confirm the total an	have income listed on either/both of the nount rolled over below.	se lines and any portion
TOTAL Amount	of Rollover: \$		
<b>NO</b> , a 2024 tax :	return was not complete	ed or required. Please select one of	the following options
have been Note: Em W-2 shou Part 4. Untaxed Income		any W-2s or earn	
Sources of Untaxed Income	2024 Amount Earned	Other Sources of Untaxed Income	2024 Amount Earned
a. Workers' Compensation		d.	
b. Disability Payments		e.	
c.		f.	
Part 5. Certifications an  Each person signing below certification documents submitted complete and accurate.	es that all of the	WARNING: If you purpose misleading information, yo sent to prison, or both.	• 0
Print Student's Name  Student's Signature (Required)		Student's ID Number  Date	
Spouse's Signature (Optional)		Date	