Union College Financial Aid Office / Grant Hall – Third Floor
807 Union Street / Schenectady, NY 12308
Phone: (518) 388-6123
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UNION COLLEGE

2027/28 Dependent Verification Worksheet

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

Part 1. Family Members – Carefully follow instructions below

Please list:

1. **Yourself**
2. **Your parent(s).** In cases of separation/divorce, list the parent who provided more financial support than the other parent during the 12 months immediately prior to completing the FAFSA. If that parent is remarried, you must also include your stepparent. (Do NOT include your noncustodial parent.)
3. **Your siblings if both of the following statements are true:**
   - **a.** they live with your parents (or live apart because of college enrollment)
   - **b.** they will receive more than half of their support from your parents from July 1, 2027 through June 30, 2028.
4. **Other persons if both of the following statements are true:**
   - **a.** they live with your parents
   - **b.** they will receive more than half of their support from your parents from July 1, 2027 through June 30, 2028.

Relationship to Student (See instructions above)	**Full Name**	**Age**	**Name of College** (List **only** if attending at least half-time during 2027/28)	**2027/28 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 family members, attach a separate page and initial here: _____

Part 2. Student 2025 Income Information– NON-FILERS ONLY

Students who did not and were not required to file a tax return must <u>select one</u> of the following options:

_____ 1. I certify that I was not employed and had no income earned from work in 2025.

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)	**2025 Amount Earned**

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

Part 3. Parent Tax and Income Information – Were you required to file a 2024 tax return?

_____ **YES**, a 2025 tax return was required and has been filed

Refer to lines 4a and 5a of your 1040. If you have income listed on either/both of these lines and any portion includes a rollover, please confirm the total amount rolled over below.

TOTAL Amount of Rollover: $_____

_____ **NO**, a 2025 tax return was not completed or required. Please <u>select one</u> of the following options:

_____ **1.** All 2025 W-2(s) are attached or have been previously submitted. Note: Employers who did not issue a W-2 should be listed in Part 4.

_____ **2.** The parent(s) did not receive any W-2s or earn any income from work in 2025.

Part 4. Untaxed Income – For Tax Filers and Tax Non-Filers

When applicable, add any additional sources of untaxed income and the corresponding dollar amount

Sources of Untaxed Income	2025 Amount Earned	Other Sources of Untaxed Income	2025 Amount Earned
a. Workers' Compensation		d.	
b. Disability Payments		e.	
c.		f.	

Part 5. Certifications and Signatures

Each person signing below certifies that all of the verification documents submitted with this certification are complete and accurate. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

_____ Print Student's Name

_____ Student's ID Number

_____ Student's Signature (Required)

_____ Date

_____ Parent's Signature (Required)

_____ Date