2026 - 2027 VERIFICATION WORKSHEET

Federal Student Aid Programs

Your application was selected by the Federal Government for review in a process called "*Verification*." In this process, Federal law requires that the Financial Aid Office compare information from your application with ***SIGNED*** copies of your financial documents before awarding Federal Aid. If there are differences between your application information and your financial documents, corrections may need to be made.

Complete the following as soon as possible to expedite your financial aid. Complete ALL sections. Do not leave any blanks. If the answer is zero or no, please write "0" or "No".

A. STUDENT INFORMATION

Last Name _____ First Name _____ M.I. _____

Social Security Number _____ Home Phone # _____ Cell Phone # _____

Address (include apt. no.) _____ City _____ State _____ Zip Code _____ Date of Birth _____

B. FAMILY INFORMATION: Complete the chart using ***ONE*** of the instructions below: Dependent OR Independent

⬭ DEPENDENT STUDENT

If required to give parental information when applying for Federal Student Aid, list the people your parent(s) will support between July 1, 2026 and June 30, 2027. Include : 1) Yourself, 2) Your parent(s), 3) Your parent's child(ren) and other people living with parent(s) if they will provide more than half their support.

⬭ INDEPENDENT STUDENT

List the people that you (and your spouse) will support between July 1, 2026 and June 30, 2027. Include: 1) Yourself, 2) Your spouse, 3) Your dependent child(ren) and other people living with you only if you (or your spouse) will provide more than half their support.

FULL NAME **List all family members in household below**	AGE	RELATIONSHIP	COLLEGE **List only if attending at least half-time between 7/1/25 and 6/30/26 and enrolled in a degree or certificate program**.
		SELF	SUNY NIAGARA

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C. Check the appropriate box below to indicate if you filed taxes or not:

Student: Did you file a tax return (form 1040) for the year 2024? YES ☐ NO ☐

Student: Did you file a foreign tax return for the year 2024? YES ☐ NO ☐

Parent: Did you file a tax return (form 1040) for the year 2024? YES ☐ NO ☐

Parent: Did you file a foreign tax return for the year 2024? YES ☐ NO ☐

D. NON-TAXABLE INCOME: List all sources of untaxed income received in 2024. Indicate "0" if none received.

******DO NOT LEAVE ANY BLANKS. If the answer is zero or no, please write "0" or "No".***

Source	Student / Spouse	Parent(s) (Dependent Students Only)
W-2 earnings from work (**only if NO tax return was filed**)	$	$
401K on **W2 boxes 12a through 12d codes D, E, F, G, H, S**	$	$
Workers Compensation	$	$
Child Support Received	$	$
Untaxed Pensions	$	$
Other:	$	$

	Student / Spouse YES	Student / Spouse NO	Parent(s) YES	Parent(s) NO
Did you and/or parent(s) receive Public Assistance?	☐	☐	☐	☐
Did you and/or parent(s) receive Social Security?	☐	☐	☐	☐
Did you and/or parent(s) receive SNAP (Food Stamps)	☐	☐	☐	☐

E. SIGNATURES: By signing this worksheet, I (we) certify that all the information reported for Federal Student Aid is complete and correct.

INDEPENDENT/DEPENDENT STUDENT:

_____
Student's signature Date

DEPENDENT STUDENTS ONLY:

_____
Legal Parent Signature Date

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