

2026-2027 Verification Worksheet

Last Name	First Name	Street & Number	City/State/Zip	Student ID Number
Student: Did you work in 2024? ☐ Yes ☐ No Did you file Taxes for 2024? ☐ Yes ☐ No Parent(s): Did you work in 2024? ☐ Yes ☐ No Did you file Taxes for 2024? ☐ Yes ☐ No				

Write the names and ages of ALL HOUSEHOLD members in the space(s) below, even if you don't live with your parents. Include step-parent if the custodial parent has remarried. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half time between July 1, 2026 and June 30, 2027, and will be enrolled in a degree granting program. Please attach a separate sheet of paper for additional household members.

Full name List everyone in your house hold, parent, siblings, self, spouse, dependents etc.	Age	Relationship to Student	Are they or will be enrolled at least half-time in a degree granting program?	Name of the college attending (if applicable)
		Self	Yes	SUNY Cobleskill
		Parent 1 or Spouse (Mother/Father/Step Parent/Spouse)	N/A	N/A
		Parent 2 (Mother/Father/Step Parent)	N/A	N/A
			☐ Yes or ☐ No ☐	
			☐ Yes or ☐ No ☐	
			☐ Yes or ☐ No ☐	
			☐ Yes or ☐ No ☐	

By signing this worksheet, I certify all the information reported is complete and correct:

_____ Student Signature	_____ Date
_____ Parent Signature (IF student is dependent) / Spouse Signature (IF student is married)	_____ Date

If sending Via email- PDF attachments are preferable. Smart phones have free scanning apps that can assist with emailing a PDF rather than a photo.