DEPEND

SUNY Potsdam One Stop/Financial Aid • 44 Pierrepont Avenue • Potsdam, NY 13676
Phone: (315) 267-2943 • Fax: (315) 267-3067 • email: onestop@potsdam.edu

Student Name: _____ Potsdam ID : _____

2023–2024 LEGAL DEPENDENT(S) VERIFICATION FORM

INSTRUCTIONS: You filed your financial aid application (FAFSA) as an independent student based on the fact that you have children or other dependents that live with you and receive more than half of their support from you between July 1, 2023, and June 30, 2024. Since this statement is the basis for your dependency status is it necessary for us to verify the response. Answer each of the following questions. Additional information may be requested.

1. What is the name, birth date, and relationship of your dependent(s)? *(List any others on back.)*

   Name: _____ Birth date: _____ Relationship to you: _____

2. Will your dependent(s) continue to live with you for the entire school year? ❑ YES ❑ NO

3. Do you and/or your dependent(s) live with your parents? ❑ YES ❑ NO
   If yes, how much rent do you pay to your parents monthly? _____
   If no, what is your current address? _____

   Who lives at this address with you? List name, age, and relationship of each member of your household.

   _____

4. Who claimed you as a tax exemption in 2022? _____

5. Who will claim you as a tax exemption in 2023? _____

6. Who claimed your dependent as a tax exemption in 2022? _____

7. Who will claim your dependent as a tax exemption in 2023? _____

8. Who provides medical insurance for you? _____

9. Who provides medical insurance for your dependent? _____

10. List your current **monthly** income below: **(DO NOT LEAVE ANY BLANKS, IF NONE ENTER ZERO)**

Wages, salaries, tips	$_____	Veteran's Benefits	$_____
Unemployment	$_____	Social Security/SSI	$_____
Child Support	$_____	Public Assistance (ADC/AFDC)	$_____
Disability payments	$_____	Worker's Comp	$_____
Other (identify): _____			$_____

11. **Submit a signed copy of your 2022 Federal 1040 Income Tax Return**.

12. Statement of Certification: I certify that all of the information reported on this worksheet is complete and accurate to the best of my knowledge, and I will follow through on any documentation requested. *Warning: If you purposely give false or misleading information you may be fined, sentenced to jail or both.*

OFFICE USE ONLY:
❑ Approved
❑ Denied
(Request parent info for FAFSA)

Initial: _____

_____ _____
Student Signature Date

Form and documents need to be uploaded to our secure file drop location at https://filedrop.potsdam.edu/finaid