

Student Name: _____ Potsdam ID : _____

2026-2027 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, 2026, and June 30, 2027. 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 2025? _____

5. Who will claim you as a tax exemption in 2026? _____

6. Who claimed your dependent as a tax exemption in 2025? _____

7. Who will claim your dependent as a tax exemption in 2026? _____

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 2025 Federal 1040 Income Tax Return.**

12. Statement of Certification: I certify that all 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](#).

