

2020-2021 Verification Worksheet

Last Name First Name Street & Number City/State/Zip Student ID Number

Student:

Did you work in 2018? Yes No

Did you file Taxes for 2018? Yes No

Parent(s):

Did you work in 2018? Yes No

Did you file Taxes for 2018? Yes No

Write the names 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, 2020 and June 30, 2021, and will be enrolled in a degree granting program. Please attach a separate sheet of paper for additional household members.

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

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