

2025-2026 Verification Worksheet Federal Student Aid Programs

Your application for federal aid, the Free Application for Federal Student Aid (FAFSA), has been selected by the U.S. Department of Education for the verification process (34 CFR, Part 668). For this process SUNY Adirondack is required to verify that the information on this worksheet matches the FAFSA you submitted. If there are differences between your application and this information then corrections may be made. You will receive acknowledgment of these changes from Federal Student Aid.

Section A: Student Information						
Last Name	First Name	МІ	SSN			
Address	City	Sta	re Zip Code			
Date of Birth	Email Address		Phone Number			
	Section B: I	Household Inform	ation			
 Dependent Students List the people in your household, including: Yourself Your parent(s), including stepparent (if applicable) Any children or individuals for whom your parent(s) currently provide and will continue to provide more than half of the financial support from July 1, 2025 through June 30, 2026. 		List the pec You You You han h	 Your spouse (if married) Your children or other individuals for whom you 			
Full Nan	ne Age	Relationship	Current College (2025-26)			
		student	SUNY Adirondack			

You may attach a list of additional household members, if needed

Please return completed and signed form to the Financial Aid Office:

By mail: SUNY Adirondack ATTN: Financial Aid Office, 640 Bay Road, Queensbury, NY 12804

By email: finaidoffice@sunyacc.edu
By fax: 518.743.2414



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Section C: Income & Federal Tax Information

Tax Status Requirements: Student	and Spouse (if	married)	
☐ You/your spouse consented to provide	2023 income info	rmation through the IRS Dire	ect Data Exchange System (DDX).
☐ You have attached either 1) a signed cor Transcript for you and/or your spouse (if a			; or 2) a copy of your 2023 IRS Tax Return
☐ You/your spouse were employed in 202 from all W-2s and complete the following b		and were not required to fil	e a 2023 Income Tax Return. Enter income
Employee Name	Employer		Amount Earned in 2023
☐ You and/or your spouse had no taxable of non-filing document from the IRS for 20		ile and were not required to	file a 2023 Income Tax Return. Verification
You and/or your spouse had no taxable checking this box and signing here I/we cerstudent signature	rtify that we have	been unable to obtain a sta	tement of non-filing from the IRS for 2023.
Tax Status Requirements: Parent(s) and/or Stepp	parent Contributors (if a	pplicable)
\square All required contributors consented to $\mathfrak p$	provide 2023 inco	me information through the	IRS Direct Data Exchange System (DDX).
All required contributors attached eithe IRS Tax Return Transcript to this workshee	t.		
Your parent(s) were employed in 2023 the all W-2s for all contributors and complete to the second complete to the			2023 Income Tax Return. Enter income from
Employee Name	Employer		Amount Earned in 2023
☐ Your contributors had no taxable incom non-filing document from the IRS for 2023		•	2023 Income Tax Return. Verification of
☐ Your contributors had no taxable incom this box and signing here I/we certify that Contributor 1 signature	we have been una		f non-filing from the IRS for 2023.
	Section D: S	ignature Certification	on
By signing this worksheet, I/we certify that law, if you purposely give false information			
Student Signature	Date	Parent Signature (Depende	nt Students only) Date