

_____ Independent Student

Please specify if this form is being used to explain the income of the:

Student Financial Services Phone 518-255-5623 106 Suffolk Circle Cobleskill, NY 12043

___ Parent of a dependent student

Fax 518-255-5844 Financialaid@cobleskill.edu

2025-2026 Income Verification Worksheet

OR

A review of your financial aid application, it was indicated that you and your parent(s) total income from all sources in 2023 appear to be unusually low. Please provide ALL of the information requested on this form and return the document to the Student Financial Services Office.

| Student name: | | Student ID N | Student ID Number: | |
|---|----------------------------|---|--------------------|--|
| bills that are provided for you Please Note: Value may not r | by another person that you | mate of the total value of rent, foo u reside with. | | |
| were required. | | | | |
| Expense | | Monthly Amount | Monthly Amount | |
| Rent | | \$ | • | |
| Utilities | | \$ | \$ | |
| Food | | \$ | \$ | |
| Miscellaneous Bills (clothes, | , entertainment, etc.) | \$ | \$ | |
| Total | · | \$ | \$ | |
| Did you or your parent(s), for Type of Income | Monthly Amount | ve any of the following: Type of Income | Monthly Amount | |
| Social Security Benefits | \$ | · - | \$ | |
| Social Security Belletits | J. | Alimony | Φ | |
| Unemployment | \$ | Pension/Retirement Benefits | \$ | |
| Public Assistance (SNAP, Welfare, etc.) | \$ | Military/Clergy Allowances | \$ | |
| Refunds from School Loans | \$ | Unreported Income | \$ | |
| Withdrawals from Savings | \$ | Combat Pay | \$ | |
| Child Support Received | \$ | Veteran's Non-Educational Benefits | \$ | |
| Cash Received from family or friends | \$ | Workers Compensation/ Disability | \$ | |
| | | lain how you supported yourself: | correct. | |
| Student's Signature | Student's Name (Print) | | Date | |
| Parent's Signature | Parent's Name (Print) | | Date | |