

OFFICE OF FINANCIAL AID
 (845) 257-3250
 FAX (845) 257-3568

FORM E
 2009-2010

Student's Name _____ Student ID/SSN _____

HOUSEHOLD INFORMATION

List the number of people that your parent(s) will support between July 1, 2009 and June 30, 2010. Include **your parents (even if you don't live with your parents), yourself, and your parents' other dependent children.** Include other people only if they now live with and **get more than half of their support** from your parents and will continue to get this support between July 1, 2009 and June 30, 2010.

NAME	AGE	RELATIONSHIP TO STUDENT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

List siblings and other dependents who will be going to college or other schools beyond the high school level between July 1, 2009 and June 30, 2010.

NAME	COLLEGE	# OF CREDITS REGISTERED FOR
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SIGNATURES

Parent: _____ Date: _____

Student: _____ Date: _____

***Your financial aid cannot be processed until this form and any other requested documentation is completed and returned to SUNY New Paltz, Financial Aid Office, 200 Hawk Drive, New Paltz, NY 12561.**