



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

MAIL THIS FORM TO:
 SUNY New Paltz
 Financial Aid Office
 200 Hawk Drive
 New Paltz, NY 12561-2437

**FORM CS-Independent
 2016-2017**

Student's Name _____

Student ID _____

1) Did student (or spouse) pay child support in 2015?

Yes No

2) If yes, please provide the name of person(s) to whom child support was paid:

3) If yes, please provide the name of person(s) who paid child support:

4) List the name(s) of child(ren) and total amount paid in 2015:

Name:	Age:	Total Paid in 2015:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION STATEMENT AND SIGNATURES:

I (and/or my spouse) certify that all the information reported on this form is complete, and accurate to the best of my knowledge. I (and/or my spouse) understand that any false statements could be cause for denial, reduction, withdrawal, or repayment of my financial aid.

 Signature of Student

 Date

 Signature of Spouse (if applicable)

 Date