

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

INDEPENDENT

**FORM E
 2016-2017**

Student's Name _____ Student ID _____

HOUSEHOLD INFORMATION

List the number of people that you (and your spouse) will provide more than half of their support for between July 1, 2016 and June 30, 2017. Include **yourself, your spouse, and your dependent children**. Include other people only if they now live with you (and your spouse) and **get more than half of their support** from you (and your spouse) and will continue to get this support between July 1, 2016 and June 30, 2017.

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

List those people from above who will be going to college or other schools (in a program that leads to a college degree or certificate) beyond the high school level between July 1, 2016 and June 30, 2017.

*****Please list yourself as going to college as the SUNY New Paltz student*****

NAME	NAME OF COLLEGE ATTENDING IN 2016-2017	# OF CREDITS REGISTERED FOR
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SIGNATURES

Student: _____ Date: _____
 Spouse: _____ Date: _____

***Your financial aid cannot be processed until this form and any other requested documentation is completed and returned.**