

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

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

**FORM CS-Independent  
2017-2018**

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