

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

INDEPENDENT

**FORM E
 2017-2018**

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, 2017 and June 30, 2018. Include **yourself, your spouse, and your dependent children**. Include other people/children only if they now live with you (and your spouse) and **receive more than half of their support** from you (and your spouse) and will continue to get this support between July 1, 2017 and June 30, 2018

NAME	AGE	RELATIONSHIP TO STUDENT
1. _____	_____	_____ (Self) _____
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, 2017 and June 30, 2018.

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

NAME	NAME OF COLLEGE ATTENDING IN 2017-2018	# OF CREDITS REGISTERED FOR
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

By signing below, we certify that all of the information reported is complete and correct. We also acknowledge that we have read and agree to comply with all verification policies available in the verification brochure including the "Deadlines for Submitting Documents".

SIGNATURES:

Student: _____

Date: _____

Spouse: _____

Date: _____