

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

**DEPENDENT**

**FORM E**  
**2018-2019**

Student's Name \_\_\_\_\_ Student ID \_\_\_\_\_

**HOUSEHOLD INFORMATION**

List the people for whom your parent(s) (whose information you reported on your 2018-2019 FAFSA) will provide more than half of their support for between July 1, 2018 and June 30, 2019. Include **yourself, your parent(s), and any siblings under 24 years old that your parent(s) support**. Also include any other persons that **currently** live with **and** receive **more than half** of their support from your parents and will continue to receive this support between July 1, 2018 and June 30, 2019. If you were required to include your parent(s) information on the 2018-2019 FAFSA, you need to list them even if you do not live with them.

NAME	AGE	RELATIONSHIP TO STUDENT
1. _____	_____	<b>SELF</b>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

List siblings and other dependents 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, 2018 and June 30, 2019.

**\*\*\*LIST YOURSELF FIRST AS THE STUDENT GOING TO COLLEGE AT SUNY NEW PALTZ \*\*\***

NAME	NAME OF COLLEGE ATTENDING IN 2018-2019	# OF CREDITS REGISTERED FOR (check 1)
1. _____	<b>SUNY NEW PALTZ</b>	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-11 <input type="checkbox"/> 12+
2. _____	_____	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-11 <input type="checkbox"/> 12+
3. _____	_____	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-11 <input type="checkbox"/> 12+

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:**

Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_