



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-Dependent
2015-2016**

Student's Name _____

Student ID _____

1) Did parent(s) with whom you filed the FAFSA with pay child support in 2014?

Yes No

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

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

4) List name(s) of child(ren) and total amount paid in 2014:

Name:	Age:	Total Paid in 2014:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION STATEMENT AND SIGNATURES:

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

Signature of Student

Date

Signature of Parent

Date