

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



**DEPENDENT**

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

**FORM E**  
**2015-2016**

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

**HOUSEHOLD INFORMATION**

List the number of people that your parent(s) (who filed your 2015-2016 FAFSA) will provide more than half of their support for between July 1, 2015 and June 30, 2016. Include **your parents (even if you don't live with your parents), yourself, and your parents' other dependent children.** Include other people only if they now live with and **get more than half of their support** from your parents and will continue to get this support between July 1, 2015 and June 30, 2016.

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

List siblings and other dependents 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, 2015 and June 30, 2016.

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

	NAME	NAME OF COLLEGE ATTENDING IN 2015-2016	# OF CREDITS REGISTERED FOR
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**SIGNATURES**

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

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

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