

Office of Student Financial Services 200 Hawk Drive, New Paltz, NY 12561-2438 Ph: 845-257-3250 • Fax: 845-257-3568

Ν					
Student ID					

Student's Name

HOUSEHOLD INFORMATION

List the people for whom your parent(s) (whose information you reported on your 2020-2021 FAFSA) will provide more than half of their support for between July 1, 2020 and June 30, 2021. Include yourself, your parent(s) from the FAFSA, and any siblings 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, 2020 and June 30, 2021. If you were required to include your parent(s) information on the 2020-2021 FAFSA, you need to list them below.

Name	Age	Relationship to student
1.		Self
2.		
3.		
4.		
5.		
6.		
7.		

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, 2020 and June 30, 2021. List yourself first as the student going to college at SUNY New Paltz.

Name	Name of College Attending in 2020-2021	ing in 2020-2021 # of credits registered 2020-2021 (check one)		
1.	SUNY New Paltz	□ 1-5	□6-11	□12+
2.		□ 1-5	□6-11	□12+
3.		□ 1-5	□6-11	□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".

Parent signature

Date

Student signature

Date

Return form to Student Financial Services, SUNY New Paltz.