

2022-2023 INDEPENDENT FORM E

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

Student's Name				N tudent ID			
HOUSEHOLD INFORMATION	ON						
List the number of people that 30, 2023. Include yourself, you (and your spouse), receive mor July 1, 2022 and June 30, 2023	r spouse, and your depen	dent children. Inc	lude other people/chile	dren only if	they now liv	e with you	
Name		Age	Rela	tionship to	onship to student		
1.				Self	Self		
2.							
3.							
4.							
5.							
6.							
7.							
List those people from above we beyond the high school level be SUNY New Paltz. Name	etween July 1, 2022 and J	une 30, 2023. List		# of cre		ege at	
1.	SUN	IY New Paltz		□ 1-5	□6-11	□12+	
2.				□ 1-5	□6-11	□12+	
3.				□ 1-5	□6-11	□12+	
By signing below, we certify the and agree to comply with all voluments."							
Student signature			Date				
Spouse signature			Date				