

## 2023-2024 DEPENDENT FORM E

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

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		NI		
Student's Name		N Stude	ent ID	
HOUSEHOLD INFORMA	ATION			
their support for between Juparent(s) support. Also incl parents and will continue to	our parent(s) (whose information you reported uly 1, 2023 and June 30, 2024. Include yourse lude any other persons that currently live with o receive this support between July 1, 2023 and 2023-2024 FAFSA, you need to list them be	lf, your parent(s) from the land receive more than haled June 30, 2024. If you were	FAFSA, and any siblings that your lf of their support from your	
Name	Age	Relation	Relationship to student	
1.			Self	
2.				
3.				
4.				
5.				
6.				
7.				
	pendents from above who will be going to cond the high school level between July 1, 20.  Y New Paltz.			
Name	Name of College Attend	Name of College Attending in 2023-2024		
1.	SUNY New Paltz		□1-5 □6-11 □12+	
2.			□1-5 □6-11 □12+	
3.			□1-5 □6-11 □12+	
	fy that all of the information reported is com all verification policies available in the verific			

Date

Student signature