

2023-2024 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, 2024. Include yourself, you (and your spouse), receive mor July 1, 2023 and June 30, 2024.	r spouse, and your depen re than half of their suppo	dent children. Ind	clude other people/child	dren only if	they now liv	e with you	
Name		Age	Rela	tionship to	onship to student		
1.		Self					
2.							
3.							
4.							
5.							
6.							
7.							
List those people from above w beyond the high school level be SUNY New Paltz.	etween July 1, 2023 and Ju	une 30, 2024. List		student go		ege at	
Name		tune of conege Attending in 2020 2024			semester in 2023-2024		
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".			tion brochure including				
Student signature			Date				
Spouse signature			Date				