

## 2023-2024 SUPPLEMENTAL HOUSEHOLD SIZE STATEMENT

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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Student's Name		Student ID
You reported a dependent on the household size statement form who is over the age of 24. Please complete the information for each household member who did not support themselves between July 1, 2023 and June 30, 2024. If there is more than three household members above age 24 please complete a separate form.		
Name of Household Member	Age of Household Member	Relationship to student
Did this individual file a 2021 federal tax return?	Yes No	If yes, please submit a copy of the 2021 federal tax return (1040) for this individual.
Was this person claimed as a dependent by someone else on their 2021 federal tax return?	☐ Yes ☐ No	If yes, please submit a copy of the 2021 federal tax return (1040) for this individual.
Did this person have any of their own income, social security, disability, or any other untaxed income in 2021?	☐ Yes ☐ No	If yes, please list the type and amount of resources received in 2021.  Type of Resource:  Amount Received: \$
Name of Household Member	Age of Household Member	Relationship to student
Did this individual file a 2021 federal tax return?	☐ Yes ☐ No	If yes, please submit a copy of the 2021 federal tax return (1040) for this individual.
Was this person claimed as a dependent by someone else on their 2021 federal tax return?	☐ Yes ☐ No	If yes, please submit a copy of the 2021 federal tax return (1040) for this individual.
Did this person have any of their own income, social security, disability, or any other untaxed income in 2021?	☐ Yes ☐ No	If yes, please list the type and amount of resources received in 2021.  Type of Resource:  Amount Received: \$
Name of Household Member	Age of Household Member	Relationship to student
Did this individual file a 2021 federal tax return?	☐ Yes ☐ No	If yes, please submit a copy of the 2021 federal tax return (1040) for this individual.
Was this person claimed as a dependent by someone else on their 2021 federal tax return?	☐ Yes ☐ No	If yes, please submit a copy of the 2021 federal tax return (1040) for this individual.
Did this person have any of their own income, social security, disability, or any other untaxed income in 2021?	☐ Yes ☐ No	If yes, please list the type and amount of resources received in 2021.  Type of Resource:  Amount Received: \$
Student signature Date		
Parent or spouse signature	<del></del>	 Date