



\_\_\_\_\_  
*Student's Name*

N \_\_\_\_\_  
*Student ID*

List the people for whom your parent(s) (whose information you reported on your 2024-2025 FAFSA) will provide more than half of their support for between July 1, 2024 and June 30, 2025. 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, 2024 and June 30, 2025. If you were required to include your parent(s) information on the 2024-2025 FAFSA, you need to list them below. The provided criteria for "dependent children" or "other persons" should align with the requirement that family size align with whom the parent(s) could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return any time of completing the 2024-2025 FAFSA.

Name	Age	Relationship to student
1.		<b>Self</b>
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
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.

**\*\*\* Signed and completed forms should be emailed to: faodocuments@newpaltz.edu \*\*\***