

2024-2025 SUPPLEMENTAL FAMILY 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					D			1			-
You reported a dependent on the family size statem household member who did not support themselve members above age 24 please complete a separate for	s between July 1, 2024										
Name of Household Member	Age of Household Member	Relationship to student									
Did this individual file a 2022 federal tax return?	☐ Yes ☐ No	If yes, please submit a copy of the 2022 federal tax return (1040) for this individual.									
Was this person claimed as a dependent by someone else on their 2022 federal tax return?	☐ Yes ☐ No	lf yes, please submit a copy of the 2022 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 2022?	☐ Yes ☐ No	If yes, please list the type and amount of resources received in 2022. Type of Resource: Amount Received: \$									
Name of Household Member	Age of Household Member	Relationship to student									
Did this individual file a 2022 federal tax return?	☐ Yes ☐ No	If yes, please submit a copy of the 2022 federal tax return (1040) for this individual.									
Was this person claimed as a dependent by someone else on their 2022 federal tax return?	☐ Yes ☐ No	If yes, please submit a copy of the 2022 federal tax return (1040) for this individual.									
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Student signature		Date Date									
Parent or spouse signature		∠ale									

10/2023