



Student's Name

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| N | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|

Student ID

List the number of people that you (and your spouse) will provide more than half of their support for between July 1, 2025 and June 30, 2026. Include yourself, your spouse, and your dependent children. Include other people/children only if they now live with you (and your spouse), receive more than half of their support from you (and your spouse), and will continue to get this support between July 1, 2025 and June 30, 2026. The provided criteria for "dependent children" or "other persons" should align with the requirement that family size align with whom the student (and your spouse) could claim as a dependent on a U.S. tax return if the student (and your spouse) were to file a U.S. tax return any time of completing the 2025-2026 FAFSA.

| Name | Age | Relationship to student |
|------|-----|-------------------------|
| 1. | | Self |
| 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".

Student signature

Date

Spouse signature

Date

Return form to Student Financial Services, SUNY New Paltz.

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