

Office of Student Financial Services 200 Hawk Drive, New Paltz, NY 12561-2438 Ph: 845-257-3250 • Fax: 845-257-3568

2025-2026 SUPPLEMENTAL FAMILY SIZE STATEMENT

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Student's Name

Student ID

You reported a dependent on the family 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, 2025 and June 30, 2026. 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 2023 federal tax return?	🗌 Yes 🗌 No	If yes, please submit a copy of the 2023 federal tax return (1040) for this individual.
Was this person claimed as a dependent by someone else on their 2023 federal tax return?	🗌 Yes 🗌 No	lf yes, please submit a copy of the 2023 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 2023?	Yes No	If yes, please list the type and amount of resources received in 2023. Type of Resource: Amount Received: \$

Name of Household Member	Age of Household Member	Relationship to student
Did this individual file a 2023 federal tax return?	🗌 Yes 🗌 No	If yes, please submit a copy of the 2023 federal tax return (1040) for this individual.
Was this person claimed as a dependent by someone else on their 2023 federal tax return?	🗌 Yes 🗌 No	If yes, please submit a copy of the 2023 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 2023?	🗌 Yes 🗌 No	If yes, please list the type and amount of resources received in 2023. Type of Resource: Amount Received: \$

Name of Household Member	Age of Household Member	Relationship to student
Did this individual file a 2023 federal tax return?	🗌 Yes 🗌 No	If yes, please submit a copy of the 2023 federal tax return (1040) for this individual.
Was this person claimed as a dependent by someone else on their 2023 federal tax return?	🗌 Yes 🗌 No	If yes, please submit a copy of the 2023 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 2023?	🗌 Yes 🗌 No	If yes, please list the type and amount of resources received in 2023. Type of Resource: Amount Received: \$

Student signature

Date

Parent or spouse signature

Date

Return form to Student Financial Services, SUNY New Paltz. *** Signed and completed forms should be emailed to: faodocuments@newpaltz.edu ***