



SUNY Sullivan Financial Aid Office  
 112 College Road  
 Loch Sheldrake, NY 12759  
 Fax# (845) 434-0014  
 www.sunysullivan.edu

Student ID#: \_\_\_\_\_

**SULLIVAN**  
 COUNTY COMMUNITY COLLEGE  
 S • U • N • Y

## 2019-2020 Household Verification Worksheet

\_\_\_\_\_  
 Student's Last Name                      Student's First Name                      Student's M.I.

□ □ □ - □ □ - □ □ □ □ □ □  
 Student's Social Security Number

\_\_\_\_\_  
 Student's Street Address (include apt no.)

\_\_\_\_\_  
 Student's Date of Birth

\_\_\_\_\_  
 City    State    Zip Code

\_\_\_\_\_  
 Student's E-Mail Address

\_\_\_\_\_  
 Student's Home Phone Number (include area code)

\_\_\_\_\_  
 Student's Alternate or Cell Phone Number

### CAMPUS BASED AID – Federal Work Study

Do you wish to be considered for the Federal Work-Study Program? Please circle: Yes or No

### FAMILY INFORMATION: Complete the chart using ONE of the instructions below – Dependent OR Independent

**DEPENDENT STUDENT**  
 If required to give parental information when applying for Federal Student Aid, list the people your parent(s) will support between July 1, 2019 and June 30, 2020. Include: 1) Yourself, 2) Your parent(s), 3) Your parent's child(ren) and other people living with parent(s) if your parent(s) will provide more than half of their support.

**INDEPENDENT STUDENT**  
 List the people that you (and your spouse) will support between July 1, 2019 and June 30, 2020. Include: 1) Yourself, 2) Your spouse, 3) Your dependent child(ren) and other people living with you only if you (or your spouse) will provide more than half of their support.

<u>FULL NAME</u>	<u>AGE</u>	<u>RELATIONSHIP TO STUDENT</u>	<u>COLLEGE</u> List only if attending at least half-time between 7/19 and 6/30/20 and enrolled in a degree or certificate program.
		Self	SUNY Sullivan
		<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent	N/A
		<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent	N/A
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other/_____	
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other/_____	
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other/_____	
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other/_____	

\_\_\_\_\_  
 Student's Signature    Date

\_\_\_\_\_  
 Parent's Signature    Date