



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

2020-2021 Household Verification Worksheet

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

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 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, 2020 and June 30, 2021. 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, 2020 and June 30, 2021. 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 7/1/20 and 6/30/21 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