Office of Financial Aid

112 College Road
Loch Sheldrake, NY 12759
Email:finaid@sunysullivan.edu
Fax: (845)434-0014

Student ID#: _____

2022-2023 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, 2022 and June 30, 2023.
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, 2022 and June 30, 2023. 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.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE List only if attending at least half-time between 7/1/22 and 6/30/23 and enrolled in a degree or certificate program.
		Self	SUNY Sullivan
		O Parent O Step-Parent	N/A
		O Parent O Step-Parent	N/A
		O Sibling O Other/_____	
		O Sibling O Other/_____	
		O Sibling O Other/_____	
		O Sibling O Other/_____	

_____   _____

Student's Signature   Date   Parent's Signature   Date