



Office of Financial Aid

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

Student ID#: _____

2023-2024 Household Verification Worksheet

			<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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? Yes 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, 2023 and June 30, 2024. 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, 2023 and June 30, 2024. 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 7/1/23 and 6/30/24 and enrolled in a degree or certificate program.
		<input type="checkbox"/> 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