



2026-2027, Form E: Family Size Information, Dependent, Page 1

Office of Student Financial Services

Location: Wooster Hall, Rm 124

Phone: (845) 257-3250

Fax: (845) 257-3568

Student Name: _____ **Student ID:** _____

Family Size Form Instructions

List the people for whom your parent(s) (whose information you reported on your 2026-2027 FAFSA) will provide more than half of their support for between July 1, 2026 and June 30, 2027. Include yourself, your parent(s) from the FAFSA, and any siblings that your parent(s) support. Also include any other persons that currently live with and receive more than half of their support from your parents and will continue to receive this support between July 1, 2026 and June 30, 2027. If you were required to include your parent(s) information on the 2026-2027 FAFSA, you need to list them below. The provided criteria for "dependent children" or "other persons" should align with the requirement that family size align with whom the parent(s) could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return any time of completing the 2026-2027 FAFSA.

If there are more than nine people in your household, please attach additional page(s) with the same information as requested below. Please provide student and parent signatures on the second page of this form.

Household Details

1. **Name:** _____ **Age** ____ **Relationship to Student:** ____ **SELF** ____
2. **Name:** _____ **Age** ____ **Relationship to Student:** _____
3. **Name:** _____ **Age** ____ **Relationship to Student:** _____
4. **Name:** _____ **Age** ____ **Relationship to Student:** _____
5. **Name:** _____ **Age** ____ **Relationship to Student:** _____



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6. Name: _____ Age ____ Relationship to Student: _____
7. Name: _____ Age ____ Relationship to Student: _____
8. Name: _____ Age ____ Relationship to Student: _____
9. Name: _____ Age ____ Relationship to Student: _____

Certification Statement and Signatures

By signing below, we certify that all of the information reported is complete and correct. We also acknowledge that we have read and agree to comply with all verification policies available in the verification brochure including the “Deadlines for Submitting Documents” as provided on the Student Financial Services website.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

***** Signed and completed forms should be emailed to: faodocuments@newpaltz.edu *****