



# 2026-2027 Family Size Information Form, Independent 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 number of people that you (and your spouse) will provide more than half of their support for between July 1, 2026 and June 30, 2027. Include yourself, your spouse, and your dependent children. Include other people/children only if they now live with you (and your spouse), receive more than half of their support from you (and your spouse), and will continue to get this support between July 1, 2026 and June 30, 2027. The provided criteria for "dependent children" or "other persons" should align with the requirement that family size align with whom the student (and your spouse) could claim as a dependent on a U.S. tax return if the student (and your spouse) 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: \_\_\_\_\_
6. Name: \_\_\_\_\_ Age \_\_\_\_ Relationship to Student: \_\_\_\_\_



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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: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Signed and completed forms should be emailed to: [faodocuments@newpaltz.edu](mailto:faodocuments@newpaltz.edu) \*\*\***