



Supplemental Family Size Statement, 2026-2027

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Office of Student Financial Services

Location: Wooster Hall, Rm 124

Phone: (845) 257-3250

Fax: (845) 257-3568

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

Form Instructions

You reported a dependent on the family size statement form who is over the age of 24. Please complete the information for each household member who did not support themselves between July 1, 2026, and June 30, 2027. If there are more than three household members above age 24, please complete an additional copy of this form providing their information. This form is three total pages. Please sign the last page. Please submit completed forms to Student Financial Services in Wooster Hall, Rm 124. Completed forms can also be emailed to us: faodocuments@newpaltz.edu

Household Member 1:

Name of member: _____ **Age:** _____ **Relationship to student:** _____

Did this individual file a 2024 federal tax return? (yes or no): _____ (Note: if yes, please submit a copy of this individual's 2024 federal tax return).

Was this person claimed as a dependent by someone else on their 2024 federal tax return? (yes or no): _____ (Note: If this person was claimed by another, please submit a copy of the 2024 federal tax return filed by the person who claimed them).

Did this person have any of their own income, social security, disability, or any other untaxed income in 2024? (yes or no): _____. (Note: if yes, please list the type and amount of resources received in 2024 by this person: **Type of Resource:** _____ **Amount Received:** _____).



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Household Member 2:

Name of member: _____ Age: _____ Relationship to student: _____

Did this individual file a 2024 federal tax return? (yes or no): _____ (Note: if yes, please submit a copy of this individual's 2024 federal tax return).

Was this person claimed as a dependent by someone else on their 2024 federal tax return? (yes or no): _____ (Note: If this person was claimed by another, please submit a copy of the 2024 federal tax return filed by the person who claimed them).

Did this person have any of their own income, social security, disability, or any other untaxed income in 2024? (yes or no): _____. (Note: if yes, please list the type and amount of resources received in 2024 by this person: Type of Resource: _____ Amount Received: _____).

Household Member 3:

Name of member: _____ Age: _____ Relationship to student: _____

Did this individual file a 2024 federal tax return? (yes or no): _____ (Note: if yes, please submit a copy of this individual's 2024 federal tax return).

Was this person claimed as a dependent by someone else on their 2024 federal tax return? (yes or no): _____ (Note: If this person was claimed by another, please submit a copy of the 2024 federal tax return filed by the person who claimed them).

Did this person have any of their own income, social security, disability, or any other untaxed income in 2024? (yes or no): _____. (Note: if yes, please list the type and amount of resources received in 2024 by this person: Type of Resource: _____ Amount Received: _____).



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Signatures

Student signature: _____ Date: _____

Parent or Spouse signature: _____ Date: _____