



# 2021-2022 Household Size Form



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(845) 341-4190

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

(Please Print)

List the people in your household below, including:

- Yourself
- Your spouse, if married
- Your parent(s), if dependent
- Children, if any, that you (or your parent, if dependent) will provide more than half of their support from July 1, 2021 through June 30, 2022, or if the child would be required to provide parental information if they were completing a FAFSA for 2021 -2022. Include children who meet either of these standards, even if they do not live with in the household.
- Other people if they now live in the household and you (or your parent, if dependent) provide more than half of their support and will continue to provide more than half of their support through June 30, 2022.

\*If anyone listed below will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2021, and June 30, 2022 you MUST include the name of the college he/she is attending.

Full Name	Age	Relationship	College	Enrolled in 6+ credits
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>

**Please Read Carefully:** By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that if I purposely give false or misleading information on this worksheet it may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United State Criminal Code and disciplinary actions by SUNY Orange. If I have any questions or concerns, I will contact Office of Financial aid immediately. **Your documentation must contain an original signature.**

Student Signature: (original): \_\_\_\_\_ (required)

Student Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

**WARNING:** If you purposely give false or misleading information on the worksheet, you may be fined, be sentenced to jail, or both.



Updated 4/18/2021