Purchase College

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NAME

Purchase ID

Who lives in your household that you support?

- 1. Yourself and your spouse, if you are married.
- 2. Your children as long as you will provide more than half of their support between July 1, 2023 and June 30, 2024, even if they don't live with you.
- **3.** Other people if they live with you and you currently provide more than half of their support and will continue to do so between July 1, 2023 and June 30, 2024. You may be asked for further clarification of support provided.

| Full Name | Age | Relationship (To Student) | Attending College in 2023-2024? Please list the college you will attend from: July 1 st , 2023-June 30 th , 2024 |
|-----------|-----|-------------------------------------|--|
| | | Yourself | PURCHASE COLLEGE, SUNY |
| | | | |
| | | | |
| | | | |
| | | | |

Did you pay or receive child support in 2021?

YES - Please complete the table below:

JNO- Please skip to next page

| Person who paid Child support: | Person who received Child Support : | Name of child: | Child's age? | Amount paid/received in 2021? |
|--------------------------------|--|----------------|-----------------|-------------------------------------|
| | | | | |
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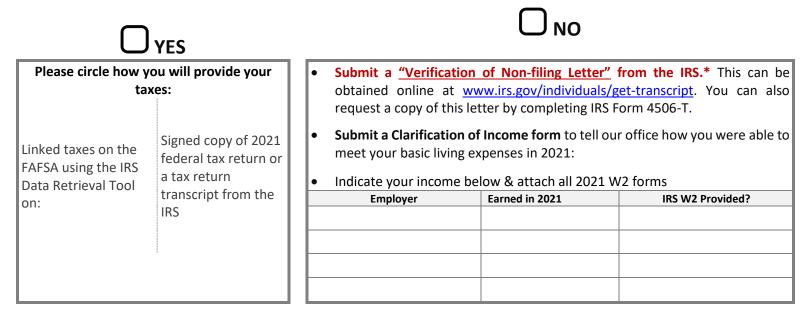
Indicate below why you are Independent and provide proof

| Check off why you are independent | \checkmark | Required Proof |
|---|--------------|--|
| Were you born before January 1, 2000? | | Proof of your date of birth (driver's license, birth certificate, etc.) |
| As of the date you completed the FAFSA, are you married | | Attach a copy of your marriage certificate |
| At the beginning of the 2023-2024 school year will you be working on a master's program? | | Attach a document that verifies this information |
| Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? | | Attach a document that verifies this information |
| Are you a veteran of the U.S. Armed Forces? | | Attach a document that verifies this information |
| Do you have children who will receive more than half of their support from you between July 1, 2023 and June 30, 2024? | | Attach a copy of your dependent(s) birth certificate |
| Do you have dependents (other than your children or spouse) who live with you and who receive more than one half of their support from you, now and through June 30, 2024? | | Complete and attach the Purchase College Dependent Care Expense form: |
| At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court? | | Provide death certificates, court documentation or a letter from a foster care facility. |
| As determined by a court in your state of legal residence, are you or were you an emancipated minor? | | Provide documentation to support this |
| As determined by a court in your state of legal residence, are you or were you in legal guardianship? | | Provide court documentation |
| At any time on or after July 1, 2022 did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? | | Provide a letter from your school district stating this |
| At any time on or after July 1, 2022 did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? | | Provide a letter from a shelter, or from a housing agency stating this |
| At any time on or after July 1, 2022 did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? | | Provide a letter from a shelter or program that can explain this. |

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Did you (and your spouse if applicable) file taxes in 2021?



Please Note*

If you did not file taxes in 2021 and are unable to obtain the <u>"Verification of Non-filing Letter"</u> from the IRS for any reason please provide a signed statement that addresses the following items:

- **1.** Explain that you attempted to obtain the Verification of Non-filing (VNF) from the IRS or other tax authorities and were unable to obtain the required documentation.
- 2. Explain that you have not and were not required to file a tax return during the requested tax year.
- **3.** List all sources of income earned from work and the amount of income from each source.
- **4.** Provide copies of any W-2 forms you received in the requested tax year.

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Statement of Educational Purpose:

The student must complete the **Statement of Educational Purpose** below, and submit a valid government issued photo Identification (ID) such as:

- Driver's License
- State-issued ID
- Passport

| I certify that I, | , am the individual signing this | |
|---|----------------------------------|--|
| (Print stu | ident's name) | |
| Statement of Educational Purpose and that the Federal student financial assistance I may receive will | | |

only be used for educational purposes and to pay the cost of attending Purchase College, SUNY for

2023-2024.

Student's Signature

Student's ID number

Date

Signatures

Each person signing this form certifies that the information reported on it is complete and correct. The student (and spouse of student if applicable) must sign and date. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

| STUDENT: | |
|----------|--------------|
| | Printed Name |

SPOUSE:

(if applicable)

Printed Name

Signature

Signature

Date

Date