

Dear SUNY ESF Student:

You have submitted multiple FAFSA transactions which report different values for the Household Information questions (number in household, number in college, or both). The correct values for these questions must be validated. Your prompt attention is essential and appreciated - no federal aid will be disbursed or appear on your billing statement until this process is completed. Once the correct information has been confirmed, the aid package will be reviewed to determine if any changes are required.

What documents are needed for this validation? Dependent students should complete and submit the 2023-2024 Household Validation Worksheet included with this letter. Please be sure to read all instructions carefully and provide all required "wet" signatures.

How should documentation be submitted? All documentation should be submitted to:

SUNY-ESF Office of Financial Aid 113 Bray Hall 1 Forestry Drive Syracuse, NY 13210 (315) 470-6670 (315) 470-4734 (Fax)

Please do not e-mail any confidential information. You may also submit documentation using the document upload function available through the <u>student's login</u> to the Self-Service Portal – https://banner.esf.edu/StudentSelfService/ssb/financialAid.

Thank you for your prompt attention to this matter. Should you have any questions, please call us at 315-470-6670 or e-mail us at finaid@esf.edu.

Sincerely,

Mark J. Hill

Director of Financial Aid

Mand & Rein

2023- 2024 Federal Student Aid Household Validation Worksheet Dependent Student



Office of Financial Aid - SUNY ESF 1 Forestry Drive Syracuse, NY 13210 315-470-6670; 315-470-4734 (Fax) E-mail: finaid@esf.edu (no documents)

You have submitted multiple FAFSA transactions which report different values for the Household Information questions (number in household, number in college, or both). The correct values for these questions must be validated. Please complete this worksheet entirely and return it to the Office of Financial Aid along with all required documentation. Documentation may be submitted using postal mail or fax with the contact information above, or through the student's account on the secure Self-Service Portal at https://banner.esf.edu/StudentSelfService/ssb/financialAid. Please do not e-mail any validation information.

Student Last Name	Student First Name		Student MI	Student ID – F########
List below the people in the <u>pare</u>	ents' household. Inc	lude:		
parents. The parents' other child June 30, 2024, or if the for 2023-2024. Include Other people if they now will continue to provide	ren if the parents wother children would children who meet ow live with the parent more than half of the members, include		f the children's support fr rental information if they ven if a child does not live more than half of the oth th June 30, 2024.	rom July 1, 2023 through were completing a FAFSA with the parents. her person's support, and d member, excluding the
parents, who is, or will be, enroll educational institution any time needed, provide a separate page	between July 1, 202	3, and June 30, 2024, and ir	nclude the name of the co	
Full Name	Age	Relationship to Student	College	Will be Enrolled at Least Half Time (Yes or No)
		Self		
Each person signing this workshe parent whose information was re this worksheet, you may be fined TYPE NAMES, USE IMAGES, MOI	eported on the FAFS d, be sentenced to ja	A must sign and date. If yo ail, or both. IMPORTANT No	u purposely give false or i	misleading information on