



HerkimerTM
THE STATE UNIVERSITY OF NEW YORK

Parental Support Questionnaire

Name: _____

ID: H _____

You indicated on your Dependent Verification Worksheet that you have a sibling over the age of 24 that resides in your household and your parents provide more than half of that sibling's support. Please check the applicable boxes below.

Name of sibling over the age of 24: _____

- My sibling is self-supporting.
- My parent(s) provide more than half of my sibling's support.
- My parent(s) claimed my sibling on their 2023 federal tax return.
- My parent(s) claimed my sibling on their 2024 federal tax return.
- Other: *(please explain)* _____

I certify that this information is complete and correct.

Signed: _____ Date: _____