

2024-25 DEPENDENT FAMILY SIZE VERIFICATION FORM

Directions: Please complete the table below. For questions on who should be included in Family Size, contact the Financial Aid office, or visit studentaid.gov.

STUDENT NAME:	STUDENT ID #:	Total															
STUDENT – you are automatically included.		1															
YOUR PARENT(S) – You must include the Parent listed on your 2024-25 FAFSA. Also: <ul style="list-style-type: none"> INCLUDE Your parent’s spouse, if married DO NOT INCLUDE parent/spouse not living in the household because of divorce or separation. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 60%;">Full Name</th> <th style="width: 20%;">Relationship</th> <th style="width: 20%;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Full Name	Relationship	Age							<input style="width: 40px; height: 40px;" type="text"/>						
Full Name	Relationship	Age															
YOUR SIBLINGS – include if ALL are true: <ul style="list-style-type: none"> They live with your parent (even if there is a temporary absence) They receive more than half of their support from your parents. They will continue to receive more than half their support from your parent 7/1/24 – 6/30/25. Note: do not include unborn children <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 70%;">Full Name</th> <th style="width: 30%;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Full Name	Age									<input style="width: 40px; height: 40px;" type="text"/>					
Full Name	Age																
YOUR PARENT’S OTHER DEPENDENTS – include if ALL are true: <ul style="list-style-type: none"> They live with your parents. They receive more than half of their support from your parent They will continue to receive more than half their support from your parent 7/1/24 – 6/30/25. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">Full Name</th> <th style="width: 20%;">Relationship</th> <th style="width: 30%;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Full Name	Relationship	Age													<input style="width: 40px; height: 40px;" type="text"/>
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TOTAL 2024-25 FAFSA SIZE Please note: if there are discrepancies, you may be asked to document.		<input style="width: 40px; height: 40px;" type="text"/>															

By signing this worksheet, you certify that all the information reported on it is complete and correct.
 WARNING: If you purposefully give false or misleading information on this form, you may be fined, sentenced to jail, or both.

 Student Signature

Date

 Parent Signature

Date

****SIGNATURES MUST BE HANDWRITTEN****

