

2024-25 INDEPENDENT FAMILY SIZE VERIFICATION FORM

Directions: Please complete the table below. If more space is needed, provide a separate page with your name and student ID number at the top. If you have questions on who should be included in the FAFSA Family Size, contact Financial Aid or visit www.studentaid.gov.

STUDENT NAME:	STUDENT ID NUMBER:	Total Number															
STUDENT – you are automatically included.		<input type="text" value="1"/>															
YOUR SPOUSE – include if: <ul style="list-style-type: none"> • If you were married at the time of your initial 24-25 FAFSA submission <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 75%;">Full Name</th> <th style="width: 25%;">Age</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Full Name	Age			<input type="text"/>											
Full Name	Age																
YOUR DEPENDENT CHILDREN – include if ALL are true: <ul style="list-style-type: none"> • They live with you (include if they do not live with you for a temporary absence) • They receive more than half of their support from you. • They will continue to receive more than half of their support from you from 7/1/24 – 6/30/25. Note: do not include unborn children <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 75%;">Full Name</th> <th style="width: 25%;">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 type="text"/>					
Full Name	Age																
YOUR OTHER DEPENDENTS – include if ALL are true: <ul style="list-style-type: none"> • They live with you. • They receive more than half of their support from you. • They will continue to receive more than half of their support from you from 7/1/24 – 6/30/25. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Full Name</th> <th style="width: 30%;">Relationship</th> <th style="width: 25%;">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 type="text"/>
Full Name	Relationship	Age															
TOTAL 2024-25 FAFSA SIZE Please note: if there are discrepancies, you may be asked to document.		<input 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

