

2026-27 DEPENDENT 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. 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.		<input type="checkbox"/> 1																		
YOUR PARENT(S) – You must include the Parent listed on your 2026-27 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"> <tr> <td>Full Name</td> <td>Relationship</td> <td>Age</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		Full Name	Relationship	Age							<input type="checkbox"/>									
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 7/1/26 – 6/30/27. Note: do not include unborn children		<input type="checkbox"/>																		
<table border="1"> <tr> <td>Full Name</td> <td>Age</td> </tr> <tr><td> </td><td> </td></tr> </table>		Full Name	Age											<input type="checkbox"/>						
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 7/1/26 – 6/30/27. 		<input type="checkbox"/>																		
<table border="1"> <tr> <td>Full Name</td> <td>Relationship</td> <td>Age</td> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>		Full Name	Relationship	Age																<input type="checkbox"/>
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TOTAL 2026-27 FAMILY SIZE		<input type="checkbox"/>																		

Please note: if there are discrepancies, you may be asked to document.

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****