2026-27 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.		1
YOUR SPOUSE – include if: • If you were married at the time of your initial 26-27 FAFSA submission Full Name — Age		
YOUR DEPENDENT CHILDREN – include if ALL are true: • 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 7/1/26 – 6/30/27. Note: do not include unborn children Full Name — Age		
YOUR OTHER DEPENDENTS – include if ALL are true: • 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 7/1/26 – 6/30/27. Full Name — Relationship — Age		
TOTAL 2026-27 FAFSA SIZE 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** _____

Signatures must be handwritten