Independent Student Family Size Verification Form 2024–2025

Your financial aid application was selected by the U.S. Department of Education to undergo a process called verification. You and your spouse (if applicable) must complete, sign, and submit this form listing the name and age of each of your family members and their relationship to you. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.

A. Student Information

Student's Name (Last, First, M.I.)       Student ID - REQUIRED

B. Family Information

List the people in your family. Include the following:

- Yourself and your spouse, if you are married
- Your children, if any, if you will provide more than half of their support from July 1, 2024, through June 30, 2025, or if the child would be required to provide your information if they were completing a FAFSA for 2024-25. Include children who meet either of these standards, even if they do not live with you
- Other people if they live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

If more space is needed attach an additional sheet with the student’s name and ID at the top. The student and parent must sign and date the additional sheet.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: Missy</td>
<td>Jones</td>
<td>18</td>
<td>Sister</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Self</td>
</tr>
</tbody>
</table>

C. Certification and Signatures

Each person signing below certifies that all the information reported on this worksheet is complete, correct, and any additional information is attached. The student and one parent MUST sign and date this section. I understand that purposely giving false or misleading information could result in a fine, imprisonment or both as it relates to my reporting information to the U.S. Department of Education.

Student’s Signature ____________________________ Date _________________

Spouse’s Signature ____________________________ Date _________________