

2024-2025 Dependent Verification of Family Size

This form is required by the Department of Education and must be completed before your financial aid can be finalized and before any Federal Aid may be credited to your student account. If there are differences between your FAFSA and this information, we will update your FAFSA, recalculate your aid eligibility, and process a revised financial aid package. Please complete this worksheet, sign and return to the Office of Financial Aid.

Student Name:		Student ID:
IOUSEHOLD INFORMATION		
n the chart below include:		
 Yourself 		
 Your parent(s) (including step-parent); 	•	•
 Your siblings (excluding unborn childre 	•	
o They live with your parent(s) (•	
· · · · · · · · · · · · · · · · · · ·		ncial support from your parent(s)
•		ir financial support from your parent(s) betweer
July 1, 2024 and June 30, 2025		all and the second an
Other people only if they live with your	•	_
o They receive more than half of	• •	
o They will continue to receive n July 1, 2024 and June 30, 2025		ir financial support from your parent(s) between
more space is needed, attach a separate pag		
	e with the reallirea i	information included
Thore space is needed, attach a separate pag	e with the required i	
Full Name	Age	nformation included. Relationship to Student
Full Name	Age	Relationship to Student Sister
Full Name	Age	Relationship to Student
Full Name	Age	Relationship to Student Sister
Full Name	Age	Relationship to Student Sister
Full Name	Age	Relationship to Student Sister
Full Name	Age	Relationship to Student Sister
Full Name	Age	Relationship to Student Sister
Full Name	Age	Relationship to Student Sister

best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this worksheet. I understand it is a federal crime to purposefully give false or misleading information on this worksheet, and may be subject to a fine, imprisonment, or both.

Student's Signature:	Date:
Parent's Signature:	Date: