

Parent's Signature

Community Colleges 2025–2026 Dependent Family Size Verification Form



Date

Your financial aid application was selected by the U.S. Department of Education to undergo a process called verification. You and your parent must complete, sign, and submit this form listing the name and age of each of your parent(s)' 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.

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A. Student Information			
Student's Name (Last, First, M.I.)			Student ID - REQUIRED
 Your parent(s)' dependence than half of their separation family size, though the half of their support from the open their support from the continue to provide more space is needed attach a 	r spouse or partner, including a steppent children (even if they live apart be support between July 1, 2025 and Julifamily size can be updated if the child n your parent(s). We live with your parent(s) and your parent half of their support through July and the support through July and the support through July and their support through July and the support through the support through July and the support through the support through the support thr	cause of college enr ne 30, 2026. Unborn I is born during the a arent(s) provide more une 30, 2026.	ollment), if your parent(s) will provide children should not be included in the ward year and will receive more than
and date the additional sheet. First Name	Last Name	Ago	Relationship to You
EXAMPLE: Missy	Jones	Age 18	Sister
Liouni LLi iniooy	001100		Self
information is attached. The stud	es that all the information reported or ent and one parent MUST sign and o	late this section.	mplete, correct, and any additional rou may be fined, sentenced to jail, Date