

Community Colleges 2024–2025 Dependent Family Size Verification Form

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.

A. Student Information	and determine your eligibility for feder		
Student's Name (Last, First, I	Student ID - REQUIRED		
B. Family Information List the people in your parent(s)' family. Include the following:		
 Your parent(s)' other June 30, 2025, or if th 2025-2025 federal fin live with your parent(s) Other people if they r continue to provide m 	ing a stepparent, even if you do not live we children if your parent(s) will provide more other children would be required to provancial aid application. Include children wes). Now live with your parent(s) and your parent than half of their support through Juran additional sheet with the student's na	e than half of their sovide parental inforry who meet either of the ent(s) provide more ne 30, 2025.	support from July 1, 2024 through mation if they were completing a hese descriptions, even if they do not than half of their support and will
and date the additional sheet. First Name	Last Name	Age	Relationship to You
EXAMPLE: Missy	Jones	18	Sister
			Self
information is attached. The st	natures ifies that all the information reported on toudent and one parent MUST sign and date in the false or misleading information or the false or	te this section.	
Student's Signature			Date
Parent Signature			Date