

Student Name: _____ **SSN or ID Number:** _____

The Financial Aid Office is currently reviewing your application for financial aid. As mandated by federal law, we need to verify the household size you reported on your 2024-2025 Free Application for Federal Student Aid (FAFSA).

Your application will remain in a pending status until we receive this completed form, with a wet signature.

For **Dependent Students** please include:

- The student
- The student's parents (including stepparent), even if the student is not living with them.
- The student's sibling/s if the following:
 - They live with the student's parents (or live apart because of college enrollment).
 - They receive more than half their support from the student's parents during the award year, and
 - They will continue to receive more than half of their support from the student's parents.
- Other persons if the following are true:
 - They live with the student's parents
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half of their support from the student's parents during the award year.

For **Independent Students** please include:

- The student
- The student's spouse, if applicable.
- The student's dependent children, if the following are true:
 - They live with the student (or live apart because of college enrollment);
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half of their support from the student during the award year.
- Other persons if the following are true:
 - They live with the student;
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half of their support from the student during the award year.

Full Name of Dependent(s) Living With Student	Age	Relationship To Student
		Self (Student)

By signing this form, I acknowledge that all of the information is complete and correct to the best of my knowledge. I also understand that by submitting this form and documentation, if applicable, does not guarantee that financial aid will be granted. Electronic Signatures are not accepted.

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION YOU MAY BE FINED, BE SENTENCED TO JAIL, OR BOTH.

Student Signature: _____

Date: _____

Parent Name: _____

Parent Signature: _____