



**INDEPENDENT STUDENT FAMILY SIZE FORM**

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

List the people in your household, include:

- Yourself and your spouse, if married, and
- Your children if you provide more than half of their support from July 1, 2026 through June 30, 2027
- Other people that live with you if you provide more than half of their support and will continue to provide more than half of their support from July 1, 2026 through June 30, 2027.

Write the names of all household members in the space(s) below. Also, write in the name of the college for any household member who will be attending college at least half time between July 1, 2026 and June 30, 2027, and will be enrolled in a degree granting program.

**HOUSEHOLD SIZE**

NAME (Student and ALL Family Members)	Date of Birth	Relationship to Student	Are they or will they be enrolled at least half-time (six credits) in a degree granting program? CHECK:
<b>STUDENT</b>		<b>SELF</b>	<b>YES</b>
<b>SPOUSE</b> Name:		<b>SPOUSE</b>	<input type="radio"/> YES or NO <input type="radio"/>
			<input type="radio"/> YES or NO <input type="radio"/>
			<input type="radio"/> YES or NO <input type="radio"/>
			<input type="radio"/> YES or NO <input type="radio"/>
			<input type="radio"/> YES or NO <input type="radio"/>
			<input type="radio"/> YES or NO <input type="radio"/>
			<input type="radio"/> YES or NO <input type="radio"/>

**CERTIFICATION**

By signing this worksheet, I certify that all the information reported is complete and accurate. False or misleading information on this worksheet may result in the loss of my financial aid and/or a fine/prison sentence or both.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Upload form to our [secure file drop location](#).**

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