



Please turn in ALL Verification Documents **AS SOON AS POSSIBLE. Financial Aid will **NOT PAY OUT** until verification is COMPLETE.

2025
FA V DEP FAMILY INFORMATION
FODF_O

Last Name _____ First Name _____ M.I. _____ Student Number _____

DEPENDENT FAMILY INFORMATION

FAMILY INFORMATION (Family Size)

Write the names of all family members including your parents.

Your family size can include:

- Yourself, even if you don't live with your parents,
- Your parent(s)/step-parent(s) that are listed on the FAFSA.
- Your parents' other children, **if** they receive more than half of their support from your parents from July 1, 2024 through June 30, 2025, and
- Other people, **if** they now live with your parents and receive more than half of their support from your parents and will continue to do so from July 1, 2024 through June 30, 2025.

Full name of family member, including parents. Start with yourself.	Relationship to Student	Birthdate mm/dd/yy
1.	SELF	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Other: _____

(Signatures MUST BE Handwritten)

Signature of Student _____ Date _____ Signature of Parent _____ Date _____

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct. **As a reminder, students and parents should never send personally identifiable information, such as Social Security Numbers, via email**