

**2024-2025 Independent Student Family Size & College Information**

**STUDENT NAME**

**ID#**

Please list those you will support between July 1, 2024, and June 30, 2025. Include the following:

- Yourself and your spouse (if applicable);
- Your children and your spouse’s children (if applicable) if they receive more than half of their support from you (do not include unborn children if you are pregnant); and/or
- Other people who live with and receive more than half of their support from you and will continue to receive this support between July 1, 2024, and June 30, 2025.

For each person you will then need to list what college they will be attending, if they are attending at least half-time, or write “N/A” if they will not be enrolled during the 2024-2025 academic year.

FULL NAME OF FAMILY MEMBERS	RELATIONSHIP TO STUDENT	AGE	NAME OF COLLEGE IN 2024-2025
	SELF (STUDENT)		
	SPOUSE (if applicable)		

\_\_\_\_\_ Check space if more than 7 family members & attach separate sheet containing these additional members and information.

**CERTIFICATION**

By signing this Verification Statement, I certify that all information reported in support of my application for financial assistance is complete and correct and that I will not be claimed as a U. S. income tax exemption by anyone else (other than my spouse, if applicable). I understand that giving false or misleading information is considered fraud and may jeopardize my ability to qualify for and/or borrow financial aid in addition to possible civil and/or criminal charges.

\_\_\_\_\_  
**STUDENT’S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SPOUSE’S SIGNATURE (OPTIONAL)**

\_\_\_\_\_  
**DATE**