



VERIFICATION OF FAMILY SIZE
DEPENDENT STUDENT
2026-2027 Academic Year

Instructions:

- This form will not be processed if any items are left blank or illegible. Answer all applicable questions.
- Please type or print clearly.
- Submit all required and relevant documentation with this form by fax, mail, or in person.
- If clarification of your situation is necessary, additional information or documentation may be required.

PART 1: STUDENT INFORMATION

Last Name _____ First Name _____ M.I. _____ FSU ID # _____

Student's Street Address (include apt. no) _____

Phone Number: () _____ - _____ Email Address: _____

PART 2: STUDENT'S HOUSEHOLD INFORMATION

Instructions: Family size should align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return at the time of completing the 2026-2027 FAFSA. As a result, the parent should not include any unborn children in the family size. If additional space is needed to list the full household, attach a separate page.

Family size should include the following:

- Line 1: List the student.
- Lines 2-3: List the student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a stepparent if your parent has remarried. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- Lines 4-6: List your parent's/stepparent's other children **if your parent(s)/stepparent will provide more than half of the children's support from July 1, 2026, through June 30, 2027**, or if the other children would be required to provide parent/stepparent information if they were completing a FAFSA for 2026-2027. Include children who meet either of these standards, even if a child does not live with the parent(s)/stepparent.
- List other people **if they now live with your parent(s)/stepparent and your parent(s)/stepparent provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2027.**

Please indicate the <u>Full Name</u> of each household member	Please list the <u>Age</u> of each household member	What is the <u>Relationship</u> of each household member to the student?
1.		Self
2.		Parent 1
3.		Parent 2/Stepparent
4.		
5.		
6.		

PART 3: CERTIFICATION AND SIGNATURE

Each person signing below certifies that the information on this form is complete and correct. **Digital signatures are not accepted.**

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Return this completed form to:

Financial Aid Office • Framingham State University • McCarthy Center, 5th Floor • 100 State Street
Framingham, MA 01701 • Phone: (508) 626-4534 • Fax: (508) 626-4598 financialaid@framingham.edu