



VERIFICATION OF FAMILY SIZE
INDEPENDENT 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: HOUSEHOLD INFORMATION

Instructions: Family size should align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S. tax return at the time of completing the 2026-2027 FAFSA. As a result, the student 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 spouse, if applicable.
- Lines 4-6: List the student's or spouse's children **if the student or spouse will provide more than half of their financial support from July 1, 2026, through June 30, 2027, even if a child does not live with the student.**
- List other people **if they now live with the student and the student or student's spouse provides more than half of their financial support and will continue to provide more than half of their financial 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.		Spouse
3.		
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: _____

Spouse 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