FRAMINGHAM STATE UNIVERSITY

VERIFICATION OF FAMILY SIZE
DEPENDENT STUDENT
2027-2028 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 2027-2028 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, 2027, through June 30, 2028,** or if the other children would be required to provide parent/stepparent information if they were completing a FAFSA for 2027-2028. 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, 2028.**

Please indicate the Full Name of each household member	Please list the Age of each household member	What is the Relationship 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