**INDEPENDENT STUDENT HOUSEHOLD VERIFICATION**

**2024-2025**

**Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Family Size**

Family size includes the following members:

* The student
* The student’s spouse, if applicable.
* The student’s dependent children if the following are true:

1. The live with the student (or live apart because of college enrollment),
2. They receive more than half of their support from the student, and
3. They will continue to receive more than half their support from the student during the award year.

* Other persons if the following are true:
  1. They live with the student,
  2. They receive more than half of their support from the student, and
  3. They will continue to receive more than half of their support from the student during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size 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 2024-2025 FAFSA. As a result, the student should not include any unborn children in the family size.

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| **Full Name of Household Member** | **Age** | **Relationship** |
|  |  | **Student/Self** |
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**\*If more space is needed, provide a separate page with the student’s name and ID number at the top\***

1. **Certification**

Each person signing below certifies that all information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. Purposely giving false or misleading information can lead to fines, jail time, or both.

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*Student’s Signature Date*