



2025-2026 Family Size Verification

Revised 03/21/2025

Office of Financial Aid • 15800 S. State St. South Holland, IL 60473 • (708) 596-2000, ext. 5780

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. In order to process your financial aid for the 2025-2026 academic year, we need to gather additional information about you and your parents as required by the U.S. Department of Education (34 CFR, Part 668). Failure to complete the verification process will result in a delay of financial aid processing or possible loss of eligibility.

Student Information

Last Name: _____ First Name: _____ MI: ____ Student ID Number: _____

Address: _____ Apt. No: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Dependent Student:

- List the names of all the members in your parent’s family size in the chart below, including:
- **Yourself**, even if you don’t live with your parent(s).
 - **Your parent(s)**, (including a stepparent).
 - **Your siblings** if your parent(s) will provide more than half of their support between July 1, 2025, and June 30, 2026. Include siblings even if they do not live with your parent(s).
 - **Other people** if they live with your parent(s), and your parent(s) provide more than half of their support and your parent(s) will continue to provide more than half of their support between July 1, 2025, and June 30, 2026.

Independent Student:

- List the names of all members in your family size in the chart below, including:
- **Yourself**.
 - **Your spouse**, if you are married.
 - **Your children**, if you will provide more than half of the children’s support between July 1, 2025 and June 30, 2026.
 - **Other people** if they live with you and you provide more than half of the other person’s support and will continue to provide more than half of their support between July 1, 2025 and June 30, 2026.

Below please list the name, age, and relationship to the student of each person in your family include parents if dependent.

Full Names	Age	Relationship To Student
		Self

☐ Check this box if there are more than six family members in your household and attach a list of these people.

Certifications and Signatures

Federal Warning: Any person who knowingly makes a false statement or misrepresentation on all forms submitted shall be subject to a fine up to \$20,000 or imprisonment or both under provisions of the U.S. Code. I declare under penalty of perjury that all information reported on this form and all the information reported on the 2025-2026 Free Application for Federal Student Aid which will be used to qualify for state and federal student aid is true, complete and accurate.

I certify that I have read and understand all items on this form and all information provided for my financial aid is true and correct.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____