



2026-2027 Independent Family Size Form

Section 1: Student Information

Student Name:		W#:	
Email Address:		Phone:	

Section 2: Instructions

- Include the student and the student's spouse (if applicable).
- Include the student's dependent children if all of the following are true:
 - They live with the student.
 - They receive more than half of their support from the student.
 - They will continue to receive more than half of their support from the student between July 1, 2026 and June 30, 2027.
- Include other persons if all of the following are true:
 - They live with the student.
 - They receive more than half of their support from the student.
 - They will continue to receive more than half of their support from the student between July 1, 2026 and June 30, 2027.

Full Name of Family Member (begin with yourself)	Relationship to student:	Age:	Family Member's Full Name	Relationship to student:	Age:
	Self				

Section 3: Signature and Certification

Each person signing below certifies that all information reported is complete and accurate. The student, and their FAFSA contributor(s) (if applicable) whose information was reported on the FAFSA, must sign and date. Typed signatures are not accepted.

Warning: If you purposefully give false or misleading information on this form, you may be fined, sent to prison, or both.

Student Signature	Date (mm/dd/yy)
Student's Spouse's Signature (if applicable)	Date (mm/dd/yy)