2026-2027
Verification of Family Size
Dependent Student

Student's Last Name	Student's First Name	Student's M.I.	Student's ID Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

Family Size – Includes the following:

- The student
- The student's parents (or stepparent, if applicable), 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 parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true:
  - They live with the student's parents (or live apart because of college enrollment),
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
  - They live with the student's parents,
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents during the award year.

The provided criteria for "dependent children" or "other persons" mirror with the requirements that family size 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 2026-2027 FAFSA. As a result, the parent should not include any unborn children in the family size.

Full Name	Age	Relationship
		Self

If more space is needed, attach a separate page with the student's name and ID number at the top.

Student's Name: _____ **ID #:** _____

Certification and Signatures

Each person signing below certifies that all of the information reported is complete and correct.
The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.

_____ _____
Print Student's Name Student's ID Number

_____ _____
Student's Signature (required) Date

_____ _____
Parent's Signature (required) Date

Do not mail this worksheet to the U.S. Department of Education. Please complete and return all pages and supporting documents via our secure file link: https://securefile.wagner.edu/filedrop/FinancialAid/

DO NOT EMAIL THIS FORM UNLESS IT IS ENCRYPTED AND PASSWORD PROTECTED OR SUBMITTED THROUGH OUR SECURE LINK