

Verification of Family Size - Dependent

2025-2026

(Fall 2025, Spring 2026, Summer 2026)



Office of Financial Aid
UNIVERSITY OF COLORADO BOULDER

Name: _____
Student's Name (Last, First, M.I.)

ID: _____
Student Identification Number (SID)

This form verifies parent family size as reported on the Free Application for Federal Student Aid (FAFSA).
Attach a separate page if more space is needed.

1. List parent(s) whom provided student with the most financial support during the last 12 months

If parents are married or providing equal financial support, list both parents. If student lived on their own/with someone else, list the parent(s) who provided the majority of financial support as of the date the FAFSA was completed. Please refer to the [Reporting Parent Information page](#) for who to list as parent(s).

Parent(s)' Full Name (First, Middle, Last)	Date of Birth

2. List family members related to student

Do not list student or parents here. The student is automatically included in family size. Include all siblings and family members who **will receive more than half their support** from the parent(s) listed above between July 1, 2025 and June 30, 2026 **AND who are:**

- Directly related to you or related through marriage (i.e. brother, step-sister, cousin, aunt, niece, nephew)
- Directly related family members receiving support who do not live with parent(s) listed above.

Full Name of Family Member (receives at least 51% support)	Relationship to student	Age
Michelle Anne Marsh (example)	Sister	22

PLEASE SEE OTHER SIDE FOR REMAINDER OF FORM, INCLUDING SIGNATURE CERTIFICATION

Please submit your form by mail or online at <https://www.colorado.edu/financialaid/forms/secure-document-upload>
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- 3. List other people who live with, but are NOT RELATED to, the student.**
Only list people who received more than half their support from the parent(s) above as of the date the FAFSA was completed and who will continue to be supported by them between July 1, 2025 and June 30, 2026. Support may include food, housing, medical care, transportation, clothing and personal items. Do not list siblings or anyone related to you. Examples: parent's girlfriend, student's boyfriend, family friend, etc.

Name of Unrelated Family Member (receives at least 51% support)	Relationship to student	Age
Kenneth McCormick (example)	Family Friend	22

By signing this form, I certify that all the information provided is complete and accurate.

Student signature

Date

Parent signature

Date

Electronic and typed signatures are not accepted.