## **Verification of Family Size - Dependent**



**2026-2027** (Fall 2026, Spring 2027, Summer 2027)

Student's Name (Last, First, M.I.)	Student Identification Number (SID)		
This form verifies parent family size as reported on the Free Attach a separate page if more space is needed.	Application for Federal Studer	nt Aid (FAFSA).	
1. List parent(s) whom provided student with the most If parents are married or providing equal financial support own/with someone else, list the parent(s) who provided to FAFSA was completed. Please refer to the Reporting Parent	t, list both parents. If student li he majority of financial suppor	ived on their t as of the date the	
Parent(s)' Full Name (First, Middle, Last)		Date of Birth	
<ul> <li>2. List family members related to student Do not list student or parents here. The student is autom and family members who will receive more than half the between July 1, 2026 and June 30, 2027 and who are: <ul> <li>Directly related to you or related through marriage (i.e. nephew)</li> <li>Directly related family members receiving support who</li> </ul> </li> </ul>	neir support from the parent(s	aunt, niece,	
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 CER	RTIFICATION	
Please submit your form by mail or online at <a href="https://www.color">https://www.color</a>	ado.edu/financialaid/forms/secur	<u>e-document-upload</u>	

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ID:

Name:	ID:		
Student's Name (Last, First, M.I.)	Student Identification Nu	Student Identification Number (SID)	
3. List other people who live with, but are NOT REONLY Only list people who received more than half their FAFSA was completed and who will continue to be 2026. Support may include food, housing, medical Do not list siblings or anyone related to you. Example friend, etc.	support from the parent(s) above a e supported by them between July care, transportation, clothing and	1, 2025 and June 30, personal items.	
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  Student signature	is complete and accurate.  Date		
Parent signature	Date		
Electronic and typed signatures are not accepted.			