# Verification of Family Size - Dependent 2024-2025 *(Fall 2024, Spring 2025, Summer 2025)*

Office of Financial Aid
UNIVERSITY OF COLORADO **BOULDER**

**Name**: _____ **ID:** _____
Student's Name (Last, First, M.I.) 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 |
|---|---|
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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, 2024 and June 30, 2025 **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* |
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**PLEASE SEE OTHER SIDE FOR REMAINDER OF FORM, INCLUDING SIGNATURE CERTIFICATION**

**Name**: _____ **ID:** _____

Student's Name (Last, First, M.I.) Student Identification Number (SID)

**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, 2024 and June 30, 2025. 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 |
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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.