

2026-2027 DEPENDENT FAMILY SIZE

STUDENT NAME: _____ SPU ID: _____

1. As of today, FAMILY SIZE

- ☒ List yourself
- ☐ List your parent(s), even if you are 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.
- ☐ List your siblings if the following are true:
- A. They live with your parent(s) (or live apart because of college enrollment).
 - B. They receive more than half their support from your parent(s), and
 - C. They will continue to receive more than half their support from your parent(s) during the award year (from July 1, 2026 through June 30, 2027).
- ☐ List other people if the following are true:
- A. They live with your parent(s).
 - B. They receive more than half their support from your parent(s), and
 - C. They will continue to receive more than half their support from your parent(s) during the award year (from July 1, 2026 through June 30, 2027).

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S. tax return at the time of completing the 2026-2027 FAFSA. As a result, the student should not include any unborn children in the family size.

Name	Age	Relationship
		Self

2. SIGNATURE

By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct.

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

Student Signature

Email

Date

Parent Signature

Email

Date

Please allow 10-15 business days for processing.