



Financial Aid and Scholarship Services Dependent Family Size Verification

Academic year
2024–2025

Student information

Please type or print clearly using only blue or black ink.

Last name	First name	Middle initial	10-digit ASU ID
Local street address	City	State	Zip code
			Daytime phone number

This form will not be processed if any items are left blank or illegible.

If clarification of your situation is necessary, additional information or documentation may be required.

Purpose

This form is used to verify the accurate number of family members that should be reported on your FAFSA and will live with your parent(s) between July 1st 2024 through June 30th 2025.

Instructions

1. Use the box below to determine who must be listed on this form.
2. Use the space(s) in Section A below to list all family members for whom your parent(s) are the main source of financial support per the definitions of family listed in the box below.
3. **Submit this form** and supporting documentation online at <https://tuition.asu.edu/forms/fa-misc-verification/2025>, by mail to PO Box 870412, Tempe, AZ 85287-0412, or in person to any Financial Aid and Scholarship Services location.

The following are considered members of your family for reporting purposes:

1. **Yourself.**
2. **Your parent(s), even if you are not living with them.**
 - If your legal parents are married to each other, include both parents.
 - If your legal parents were never married, are divorced, separated or widowed, include the parent who provided the most financial support during the last 12 months. If that parent is remarried, include your stepparent.
 - If your legal parents are unmarried and living together, include both parents.
3. **Your siblings if the following are true:**
 - They live with your parent(s) (or live apart because of college enrollment);
 - They receive more than half of their support from your parent(s); and
 - They will continue to receive more than half their support from your parent(s) during the award year.
4. **Other persons if all the following are true:**
 - They live with your parent(s);
 - They receive more than half of their support from your parent(s); and
 - They will continue to receive more than half their support from your parent during the award year.

Note: The provided criteria for “dependent children” or “other persons” align with the requirement 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 2024-2025 FAFSA. As a result, unborn children should not be included in the family size.

Section A: Family members

Full name of family member (add yourself first)	Date of birth	Family member's relationship to student
1.		Self
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Last name	First name	Middle initial	10-Digit ASU ID
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Section B: Certification and signature

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student's Signature	Date form was signed
Parent's Signature	Date form was signed

If you need assistance with completing this form, please contact our office at 855-278-5080 or tuition.asu.edu/contact-resources.