



WORCESTER
S T A T E
UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

ID#: _____

FAC24HHI

2024/2025
FAMILY SIZE for Independent Students

Carefully read the following and in the table below, report information for:

- Yourself
- Your spouse, if you are married
- The student’s or spouse’s dependent children if:
 - You and/or your spouse will provide more than half of their support from July 1, 2024 through June 30, 2025, or if;
 - The other children would be required to provide parental information if they were completing a FAFSA for 2024-25;
 - Include children who meet either of these standards even if the children do not live with the parents
- Other people only if they now live with you and your spouse (if applicable), and you will provide more than half of their support from July 1, 2024 through June 30, 2025

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 the U.S. tax return if the student were to file a U.S. tax return at the time of completing the 2024-2025 FAFSA. As a result, the student should not include any unborn children in the family size.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

Full Name	Age (Required)	Relationship to You
		Self

I/we certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE (student) _____ DATE: _____