

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

| NAME: | | | |
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| ID#: | | | |
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FAC25HHI

2025-2026 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:
 - o They live with you (or live apart because of college enrollment);
 - o They receive more than half of their support from you; and
 - o They will continue to receive more than half their support from the student during the award year
- Other persons if the following are true:
 - o They live with you
 - o They receive more than half of their support from the student; and
 - o They will continue to receive more than half their support from the student during the award year

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 2025-2026 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 |
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| 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 | |
|---------------------|-------|--|
| SIGNATURE (student) | DATE: | |
| () | | |