

Student Financial Services Office • 197 Franklin St. Auburn, NY 13021 Phone 315-294-8470 • Fax 315-252-2185 financialservices@cayuga-cc.edu

2025-2026 FAMILY SIZE VERIFICATION FORM

You have been selected by the Department of Education for verification of your family size. Please complete the reverse side of this form, provide all required signatures and return it to the CCC Student Financial Services Office. Additional information may be requested.

Please follow these instructions when completing your Family Size form.

Independent Student: List the people in your family that live with you and receive more than half of their support from you; include

- yourself
- your spouse, if married
- your unmarried partner if living together
- your children, if you will provide more than half of their support from July 1, 2025 through June 30, 2026
- any other people if they now live with you and you provide more than half of their support and will
 continue to provide more than half of their support from July 1, 2025 through June 30, 2026

Dependent Student: List the people in your parent's family that receive more than half of their support from them; include

- yourself
- your parent(s), include step parent(s). If the legal parent whose information you reported on the FAFSA is remarried, stepparent information should be included on this form and on your FAFSA
- your non-custodial parent only if they live in your household
- your parents' other children, if your parents will provide more than half of their support between July 1, 2025 through June 30, 2026
- any other people if they now live with your parents, and your parents will provide more than half of their support and will continue to provide more than half of their support between July 1, 2025 through June 30, 2026

PLEASE NOTE: The provided criteria for "dependent children" or "other persons" mirror the requirement that family size align with those 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 2025-2026 FAFSA. As a result, the student should not include any unborn children in the family size.

Complete the information on the reverse side



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Student'	's Printed Name				
	te the box below. <u>List yourself to</u>		ude everyone in your family as de	escribed in the	
DO NO	Γ LEAVE ANY COLUMNS BL	ANK!			
	Full Name	Age	Relationship to Student		
	Example: Cathy Money	24	Self		
			Self		
<u>Certifica</u>	ntion				
I certify report in Departm Internal	that the above information is to formation may jeopardize my nent of Education has the autho	eligibility for ority to verify eral agencies	plete. I understand that failure to financial aid. I also understand information reported on the FAI I understand that giving false o or both.	that the U.S. FSA with the	
Student Signature			Date		
Depende	ent Students only:				
Parent P	Printed Name:				
Parent Signature			Date	Date	