

Student's Name: \_\_\_\_\_

USF ID: U \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Your student's Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. Federal regulations require that we check the accuracy of the information provided on the 2024-2025 FAFSA. Final eligibility for aid cannot be determined until the documentation we request has been received and reviewed.

**1. Family Size - Includes the following:**

- The Student
- The student's parents, even if the student is 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.
- The student's siblings if the following are true:
  - They live with the student's parents (or live apart because of college enrollment),
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents during the award year.
- Other people if the following are true:
  - They live with the student's parents,
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents during the award year.

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, the parent should **not** include any unborn children in the family size.

Full Name	Age	Relationship
		Parent 1 (father/mother/step-parent)
		Parent 2 (father/mother/step-parent)
		Student (Son/Daughter)

**2. Parent/Parent's Spouse Signature:**

By signing this worksheet, I certify that all the information reported is complete and correct. At least one parent must sign. Any alteration to this form will not be accepted. All signatures must be handwritten, or signed with DocuSign. Typed signatures will not be accepted.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_