

## 2025-2026 Verification of Family Size

**Student Name:** \_\_\_\_\_ **CVCC Student ID:** \_\_\_\_\_

**FAMILY SIZE INFORMATION:**

Please check one box (*Dependent or Independent*). In the table below, list the names of **ALL** family members who reside in the household. If additional space is needed, please attach a separate form.

**Dependent Student, include**

- Yourself (Student)
- Parent(s) including step-parent
- Parents' dependent children, and other people living in the household, if your parent(s) will provide more than half of their support from July 1, 2025 through June 30, 2026.

**Independent Student, include**

- Yourself (student)
- Your spouse (if married)
- Your children, and any other individuals that you will provide more than half of their support from July 1, 2025 through June 30, 2026.

Family Member	Full Name	Age	Relationship
1			Self
2			
3			
4			
5			
6			

**Certification and Signature**

By signing this form, I certify that all information is true and complete. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my request will be denied, and my eligibility may be jeopardized.

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

**Signature(s) cannot be typed.**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Required for Dependent Student)*