

Student Name: _____

Form 1A
2025-2026
DEPENDENT VERIFICATION
OF FAMILY SIZE

ID Number: _____

SCC IS REQUIRED TO VERIFY YOUR FAMILY SIZE

Your record has been selected for verification by the Department of Education

	Your Parent(s) Even If You Don't Live with Your Parent(s) (Including Stepparent) (Exclude parent who has died or is not living in household because of separation or divorce.)		Other Children of Your Parent(s)	Other Person
Yourself Enter on the first line			IF your parent(s) will provide more than half of their support from July 1, 2025, through June 30, 2026. OR — IF they live with your parents (or live apart because of college enrollment).	<u>IF</u> they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2026.
First	and Last Name	Age		ionship
			(to student) Self	
If more space i	s needed, attach a separate p	age with th	e student's name and stude	nt ID number at the top
. tax return at the	e time of completing the 2025-20)26 FAFSA. P	arents should not include any u	parent could claim as a dependent nborn children in the family size.
C Financial Aid C	_	documenta	tion if inconsistent or conflict	ment to verify your family size ting information is received. Ficial Aid Office.
(nowledgemen	t: I certify that the above info	ormation is	true and accurate to the bes	t of my knowledge.
rent Signature Date			Student Signature	 Date
rvised September 2023				WARNING: If you purposely g or misleading information, you n fined, sentenced to prison, or bot