**2024-2025 Family Size Worksheet**



**Independent**

Your application was selected by the U.S. Dept. of Education for a process called verification**.**  We must compare the information on your FAFSA with that provided on this form. If there are differences between your FAFSA and the documents you’ve submitted, we will make corrections to your FAFSA or contact you for further clarification.

**A. Student Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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## **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##  **Student’s Legal Name - LAST FIRST M.I. Date of Birth ID Number**

## **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Address (include apt. #) City State Zip**

 **B. Family Size Information**

 **In addition to YOURSELF Student, include**:

* **Your spouse,** if married and not separated
* **Your dependent children**, if you will provide more than half of their support from **July 1, 2024** through **June 30, 2025**. ***Please do not include any unborn children in the family size.***
* **Other people** who live with you and your spouse provide **more than half** of their support and will continue to provide more than half of their support from **July 1, 2024** through **June 30, 2025**.

|  |  |  |
| --- | --- | --- |
| Full Name | Age | Relationship to Student |
|  |  | SELF |
|  |  |  |
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**Note:** 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 a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the student should **not** include any unborn children in the family size.

#### C. Sign This Worksheet

#### By signing this worksheet, we certify that all the information reported is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

**Student’s Legal Physical Signature -Date Spouse’s Legal Physical Signature- Date**

**You can securely upload documentation here**: <https://www.uwgb.edu/financial-aid/upload-documents/>.

You can also mail to: UW-Green Bay, Office of Financial Aid (SS1200), 2420 Nicolet Dr. Green Bay, WI 54311. We do not recommend sending documents containing sensitive data electronically (fax or email). Questions? Need more information? Visit [www.uwgb.edu/financial-aid](http://www.uwgb.edu/financial-aid), call 920-465-2075, email financialaid@uwgb.edu or fax 920-465-2299.

Esta forma está disponible en español: <https://www.uwgb.edu/financial-aid/forms/verification-forms/>