



Family Size – Additional Details

Verification 2025-2026

Student Information

Use BLACK or BLUE ink only

Student Name

Student ID

Student Phone Number

Please complete the following form if you listed someone on the [Family Size Form](#) who:

Student’s Family: Is listed within the student’s Family Size and is considered “Other People.” Other people should be listed within your Family Size if the following are true.

- Is not a biological child, adopted child, stepchild, or a spouse;
- They live with the student;
- They receive more than half of their support from the student; and
- They will continue to receive more than half their support from the student during the award year (July 1, 2025 - June 30, 2026).

Parent’s Family: Is listed within your parent(s)’ Family Size and is considered “Other People.” Other people should be listed within your Family Size if the following are true.

- Is not a biological child, adopted child, stepchild, or a parent;
- 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 (July 1, 2025 - June 30, 2026).

NOTE: Being detailed in your explanation for additional family size members is extremely helpful to us in determining your Family Size. **If you need additional space to explain your situation, please attach a [supplemental written statement](#).**

Person 1

Name of person: _____

• Their monthly income: \$ _____

• Is this person living with you (or your parents)?

Yes No

○ If yes, will they continue to live with you (or your parents)?

Yes No

• List any source of income for this person:

• Provide specific details that will help us to understand how you (or your parents) are providing more than 50% of this person’s support:

Deliver to: Boise State Financial Aid Office, Administration Building, Room 124, 1910 University Drive, Boise, ID 83725-1365

Email: FinancialAid@BoiseState.edu | **Phone:** (208) 426-1664

Note: Documents containing Social Security numbers may **not** be accepted via email. Please redact the number(s) or submit a different way.



Person 2

Name of person: _____

- Their monthly income: \$ _____
- Is this person living with you (or your parents)? Yes No
 - If yes, will they continue to live with you (or your parents)? Yes No
- List any source of income for this person: _____

- Provide specific details that will help us to understand how you (or your parents) are providing more than 50% of this person’s support: _____

Person 3

Name of person: _____

- Their monthly income: \$ _____
- Is this person living with you (or your parents)? Yes No
 - If yes, will they continue to live with you (or your parents)? Yes No
- List any source of income for this person: _____

- Provide specific details that will help us to understand how you (or your parents) are providing more than 50% of this person’s support: _____

SIGNATURE CERTIFICATION: Each person signing below certifies that all of the verification documents submitted with this certification are complete and correct. **WARNING:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.

NOTE: If you were required to provide parental information on your FAFSA application, your parent **MUST** sign this form.

Handwritten or Stylus Signatures are Required – typed signatures will not be accepted. Include any applicable signatures.

Student Signature	Date	Parent Signature (if dependent)	Date
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