



# Family Size Form, Verification 2024-2025

## Form Instructions

When filling out your FAFSA, your family size information either wasn't able to be transferred directly from the IRS or you updated the data, when presented with the opportunity to do so. The Department of Education has asked us to verify your information.

**Please note the importance of completing this form accurately and in as much detail as possible to avoid the possibility of additional requests for information. Read the instructions prior to completing the form and if you have any questions, please feel free to contact our office.**

Note: 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.

## Family Size Definitions

**Dependent Student Family Size** – How many people are in the parent(s) family? Include the following:

- **The student**
- **If parental information was provided on your 2024-2025 FAFSA, include:**
  - **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 parent(s)' children, and stepchildren**, if they will provide more than half of their support from July 1, 2024 through June 30, 2025.
  - **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 (July 1, 2024, and June 30, 2025).
  - **Other persons** 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 (July 1, 2024, and June 30, 2025).

**Independent Student Family Size** – How many people are in the student's family? Include the following:

- **The student**
- **The student's spouse**, if applicable
- **The student's dependent children** if the following are true:
  - They live with the student (or live apart because of college enrollment);
  - 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, 2024 through June 30, 2025).
- **Other persons** if the following are true:
  - 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, 2024 through June 30, 2025).

**NOTE:** In most cases, we are able to make corrections to your FAFSA for you. If we need you to make corrections to your FAFSA, we will notify you. Please be aware that making changes to your FAFSA may result in requests for additional documentation.

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

**Email:** [FinancialAid@BoiseState.edu](mailto:FinancialAid@BoiseState.edu) | **Phone:** (208) 426-1664 | **FAX:** (208) 426-1305

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



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## Student Information

Use BLACK or BLUE ink only

Student Name - Write your name exactly as it appears on your Social Security card.

Student ID

Last 4 of Social Security Number

Date of Birth (MM/DD/YYYY)

Student Phone Number

Please fill out the following table with all person(s) in your family. See the form instructions and definitions on the previous page for whom to include.

Full Name	Age	Relationship to Student
1.		<b>Self</b> (please include yourself on this row)
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Check here if there are more than ten people in your family. Then, attach a list with each additional family member's name, age, and relationship to student.

**SIGNATURE CERTIFICATION:** Each person signing below certifies that all of the information reported is complete and correct. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

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

Student Signature

Date

Parent 1 Signature (if dependent)

Date

Spouse Signature (if independent & applicable)

Date

Parent 2 Signature (if dependent & applicable)

Date

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