

Spouse Signature (Optional): ___

Financial Aid

Date: ___

30277 Avenue 12, Madera, CA 93638 | Phone: (559) 675-4849 | FAX: (800) 643-0518

2025-2026 FAMILY SIZE - INDEPENDENT STUDENT

Student Name:	Stud	ent ID #:
LIST YOUR FAMILY SIZE IN THE BOX BELOW		
Family Size should include the following:		
Yourself (the student).		
Your spouse (if applicable).		
Your dependent children if all the following are true:	luring the av	vard year.
 Other persons if all the following are true: ✓ They live with you; 		
 ✓ They receive more than half of their support from you; and ✓ They will continue to receive more than half their support from you during the award year. 		
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 2025-2026 FAFSA. As a result, the student should not include any unborn children in the family size.		
Full Name	Age	Relationship to Student
		Self
If more space is needed, provide a separate page with the student's CERTIFICATION AND SIGNATURE Each person signing below certifies that all of the information reported is complete give false or misleading information, you may be fined, sent to prison, or bo black ink. Digital and/or typed signatures will not be accepted.	i and correc	et. WARNING: If you purposely
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