



2026-2027 FAMILY SIZE VERIFICATION FORM

You have been selected by the Department of Education for verification of your family size. Please complete the reverse side of this form, provide all required signatures and return it to the CCC Student Financial Services Office. Additional information may be requested.

Please follow these instructions when completing your Family Size form.

Independent Student: List the people in your family that live with you and receive more than half of their support from you; include

- yourself
- your spouse, if married
- your unmarried partner if living together
- your children, if you will provide more than half of their support from July 1, 2026 through June 30, 2027
- any other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2026 through June 30, 2027

Dependent Student: List the people in your parent's family that receive more than half of their support from them; include

- yourself
- your parent(s), include step parent(s). *If the legal parent whose information you reported on the FAFSA is remarried, stepparent information should be included on this form and on your FAFSA*
- your non-contributor parent only if they live in your household
- your parents' other children, if your parents will provide more than half of their support between July 1, 2026 through June 30, 2027
- any other people if they now live with your parents, and your parents will provide more than half of their support and will continue to provide more than half of their support between July 1, 2026 through June 30, 2027

PLEASE NOTE: The provided criteria for "dependent children" or "other persons" mirror the requirement that family size align with those 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 2026-2027 FAFSA. As a result, the student should not include any unborn children in the family size.

Complete the information on the reverse side



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Phone 315-294-8470 • Fax 315-252-2185 financialservices@cayuga-cc.edu

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Student's Printed Name _____

C # _____

Complete the box below. List yourself first and include everyone in your family as described in the instructions on the reverse side of this form.

DO NOT LEAVE ANY COLUMNS BLANK!

Full Name	Age	Relationship to Student
<i>Example: Cathy Money</i>	<i>24</i>	<i>Self</i>
		Self

Certification

I certify that the above information is true and complete. I understand that failure to accurately report information may jeopardize my eligibility for financial aid. I also understand that the U.S. Department of Education has the authority to verify information reported on the FAFSA with the Internal Revenue Service and other federal agencies. I understand that giving false or misleading information may lead to fines up to \$20,000, prison or both.

Student Signature _____ Date _____

Dependent Students only:

Parent Printed Name: _____

Parent Signature _____ Date _____