

## Family Size Dependent Worksheet 2026-2027

### Federal Student Aid Programs

Your **2026-2027** Free Application for Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA (if applicable) must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Office of Financial Aid. We may ask for additional information. If you have any questions about verification, contact us at (934) 420-2578 as soon as possible so that your financial aid will not be delayed.

#### A. STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ RAM ID \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_ Email \_\_\_\_\_

#### B. FAMILY INFORMATION

List the people in your parent(s)' household below.

Include:

- \* Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- \* Your parent(s)' other children if your parent(s) will provide more than half of their support from **July 1, 2026 through June 30, 2027**, or if the other children would be required to provide parental information if they were completing a FAFSA for **2026-2027**. Include children who meet either of these standards, even if they do not live with your parent(s).
- \* Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through **June 30, 2027**.

Full Name	Age	Relationship
		Self

Each person signing this form certifies that all the information reported on it is complete and correct.

**Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Stepparent Signature

\_\_\_\_\_  
Date

Mailing address-Farmingdale State College- Office of Financial Aid, 2350 Broadhollow Rd., Farmingdale, NY 11735.

Campus Location-Laffin Hall Rm 324

Telephone-(934) 420-2578 Fax-(934) 420-3662