VRHD26



(Signature must be handwritten with ink or stylus)

WAYNE STATE UNIVERSITY | Office of Student Financial Aid

The Welcome Center • 42 West Warren • P.O. Box 2340 • Detroit, MI 48202-0340 • <u>wayne.edu/financial-aid studentservice@wayne.edu</u> • Check your aid status in the <u>Financial Aid Portal</u>

2025-26 Verification of Family Size - Dependent Student

Student's First Name Student's Last Name						۱ [WSU Student ID				
							Phone Number				
	epartment of Education on the FAFSA is accura		•				•			•	
NUMBE	R OF FAMILY	MEMB	ERS:	List below th	e pe	ple	e in the parents	' family hous	ehold		
-	al parents are marr ents include your bi			_					rmation	about both.	
	ude a parent who has U.S. Armed Forces ar		_	-	sehold	due	to separation or div	orce. Do include a	a parent v	vho is on acti	ve
Step 1	Parent 1 - Full r	Il name			Age		Parent's spouse/partner – Full name			Age	Age
Step 2	Your pare Include othe	parent's oth ents will prov r people if the provide mor	ner child vide mor hey NOV	ren, even if they l e than half of the V live with your p	eir supp parents ort from	ort and	te from the family b from July 1, 2025, the dyour parents prov y 1, 2025, through Ju FULL names of sibl	hrough June 30, 2 ide more than ha une 30, 2026.	026.		р to
household	ousehold members: (See above)		AGE	(i.e., sibling, grandparent)		-	household members: (See above)		AGE	(i.e., sibling, grandparent)	
				Self (Studer	nt)	_					
				SIBLING		_					
						_					
	t here if you have a de your name and st							te sheet.			
<u> </u>	REQUIRED S correct. The studen give false or mislead	t and one pa	rent wh	ose information v	was rep	ort	ed on the FAFSA mu				osely
	Student signature			Date		P	FOLURED Parent sig	nature		Dat	