

Financial Aid 1020 S. Washington St. Owosso MI 48867 financialaid@baker.edu Phone: 989-729-3911 Fax: 989-729-3901

# 2024-2025 Dependent Family Size Verification

Your 2024-2025 FAFSA application was selected for a process called verification. The financial aid office needs to collect additional information in order to determine your eligibility for financial aid. Complete the information below and upload this form via your student financial aid portal. This information can also be faxed or mailed.

### 1. Student Information

Student Name:

UIN:

### 2. Family Size

In the table below list all persons for whom your FAFSA parent contributor(s) will provide more than one-half financial support between July 1, 2024 and June 30, 2025.

### Who to include:

- Yourself and your parent(s), even if you are not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce.
- Your parent(s) dependent children if the they live with them or live apart due to a period of temporary absence (e.g. college enrollment) and your parent provides and will continue to provide more than half of their support during the award year.
- Other people if they live with your parent and your parent and will continue to provide more than half their support during the award year.

Full Name	Age	Relationship to Student
		Self

(If more space is needed, attach a separate page with your name and UIN listed at the top)

## 3. Student and Parent Signature

By signing this worksheet, I (we) certify that the information reported is complete and accurate.

Student Signature:		Date:
	(Physical Signature Required)	
Parent Signature:		Date:
	(Physical Signature Required)	