

Family Size Form Independent Student 2025-2026

PLEASE PRINT CLEARLY

Yourself (Your Name) _____ FIT ID # @ _____

Your Spouse's Name (if you are married) _____

List you and your spouse's dependent children **if you will provide more than 50% of their financial support** between July 1, 2024, and June 30, 2025, even if they live apart from the parents due to a qualifying temporary absence under IRS code, such as due to college enrollment.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other people if they are living with you **AND you will provide more than 50% of their financial support** between July 1, 2024 and June 30, 2025.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student (Typed signatures are not accepted.)

Date

Spouse (Typed signatures are not accepted.)

Date