



Office of Student
Financial Assistance

INDEPENDENT
FAMILY SIZE
CLARIFICATION WORKSHEET
2024-2025

Name: _____

ID: _____

Please list below all individuals that are included in the family size reported on the 2024-2025 FAFSA. **In order for a person to be included in your family size, the following conditions must be met: the individual must live with you/your spouse(or may live apart for temporary reasons such as college enrollment), and you/your spouse provide & will continue to provide more than half of that person's support from July 1, 2024 to June 30, 2025. Include yourself and all individuals that meet the conditions above.** Please feel free to also submit a letter or use the back of this form to clarify any information you provide.

Full Name	Age	Relationship
		Self

Student Signature _____ NOTE: Signature must be handwritten.
Computer fonts not acceptable.

_____ Date

USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:

MAIL or IN-PERSON	FAX	EMAIL
Student Financial Assistance Fr. O'Connell Hall, M300 620 Michigan Avenue NE, Washington, DC 20064	202-319-5573	cua-faforms@cua.edu