



**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

\_\_\_\_\_  
Date

**NOTE: SIGNATURES MUST BE HAND-GENERATED. COMPUTER FONTS ARE NOT ACCEPTABLE**

**USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:**

MAIL or IN-PERSON	FAX	CARDINAL STATION
Student Financial Assistance Fr. O'Connell Hall, Suite M300 620 Michigan Avenue NE Washington, D.C. 20064	202-319-5573	<b>financial-aid.catholic.edu/upload</b> (requires student login)