THE CATHOLIC UNIVERSITY OF AMERICA | Office of Student Financial Assistance

DEPENDENT

FAMILY SIZE CLARIFICATION WORKSHEET

2025 - 2026

Name:_____ ID:_____

Please list below all individuals that are included in the family size reported on the 2025-2026 FAFSA. In order for a person to be included in your family size, the following conditions must be met: the individual must live with your parents (or may live apart for temporary reasons such as college enrollment), and your parents provide & will continue to provide more than half of that person's support from July 1, 2025 to June 30, 2026. 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

_____ _____

Parent 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	**financial-aid.catholic.edu/upload** (requires student login)