



Office of Student
Financial Assistance

INDEPENDENT
FAMILY SIZE
CLARIFICATION WORKSHEET
2026-2027

Name: _____ ID: _____

Please list below all individuals that are included in the family size reported on the 2026-2027 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, 2026 to June 30, 2027. 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	financial-aid.catholic.edu/upload (requires student login)