



### 2025-2026 Verification of Household Size

Name \_\_\_\_\_

Springfield ID# \_\_\_\_\_

#### Household Family Member Information

**List all** the people that your parent(s) will support between July 1, 2025 and June 30, 2026. **Include yourself** (even if you don't live with your parents), your **parent(s)** (including step-parent), your parent(s)' other dependent children if they provide more than half of their support or if they would be required to give parental information when applying for federal student aid, and other people only if they receive more than half of their support from your parent(s). Use additional page if necessary.

**Note:**

If your legal parents (biological and/or adoptive) are not married to each other and live together, you must provide information on both of them.

Same sex couples who were married in a jurisdiction that recognizes same sex marriage should report their marital status as "married" on this form, as well as on the FAFSA.

Provide the name of the college for family members who will be enrolled in a degree, diploma, or certificate program **AT LEAST HALF-TIME** during the 2025-2026 academic year. Please complete all areas. **Remember:** parent(s) attending college are not counted in the total number of family members in college.

NAME	Relationship to student	Age	Are they in college?	If enrolled: Full time or part time
	self		Y N	
			Y N	
			Y N	
			Y N	
			Y N	

\_\_\_\_\_  
Student signature (wet signature required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (wet signature required)

\_\_\_\_\_  
Date

Mail to: **Springfield College, Financial Aid Office**  
**263 Alden Street, Springfield, MA 01109**  
Phone: 413-748-3108 Fax: 413-748-3462  
**OR** upload this document through your **My Financial Aid** account