



2025-2026 Family Size Verification - Independent

Financial Aid Department
 Phone: 360.650.3470
 Email: financialaid@wwu.edu
 Website: financialaid.wwu.edu
 Address: 516 High Street, Old Main 265, Bellingham, WA 98225

 Student Name W _____
Student I.D. Number

Independent Students (The student did not provide parental information on their FAFSA)

Please complete the chart. Include the following:

- The student
- The student’s spouse, if applicable

Include the following people **only if the student provides more than half their financial support and will continue to provide that support** from July 1, 2025 to June 30, 2026:

- Dependent children if they live with the student (or live apart because of college enrollment) **and** meet the financial support requirement
- Other persons if they currently live with the student **and** meet the financial support requirement

Note: To align with U.S. tax law, do not include any unborn children in the family size.

Full Name	Birth Date (mm/dd/yy)	Relationship to Student
		Student

Attach a separate page to include additional household members, if needed.

Certification

I understand that submitting this form electronically as an email attachment **using my WWU email account** constitutes my signature and my certification that the information provided herein is complete and correct.

 Student Signature (Not required if submitted from your **WWU email account**) _____
Date

OFFICE USE ONLY	Operations: <input type="checkbox"/> ROASTAT	[FAMSIZ _____]
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