



# Southwestern Michigan College

## 2024-2025 Family Size Verification- Dependent Student

Financial Aid Office, 58900 Cherry Grove Road, Dowagiac, MI 49047  
Phone: 269.783.2143 Fax 269.783.2114 Email: finaidd@swmich.edu



Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. **You and at least one parent must complete and sign this worksheet**, attach any required documents, and submit the form and other required documents to the Financial Aid Office within 14 days. Financial aid will not be authorized to your account until the verification process is complete and your corrected file is back from the Federal Processor. You may be asked for additional information. If you have questions about verification, call 269-783-2143 as soon as possible so that your financial aid will not be delayed.

### Dependent Student's Information

Student ID# N

Last Name	First Name	M.I.	Date of Birth
Street Address (include apt. no.)		Home Phone Number (include area code)	
City	State	Zip Code	Cell Phone Number (include area code)
Student's Email Address			

### Dependent Student's Family Information

1. List the following people on the chart below:
  - Yourself and your parent(s) (including a stepparent) even if you do not live with your parent(s). *If your parents are divorced, list only the parent (and stepparent if applicable) whose information you used to complete the FAFSA.*
  - Your parent(s)' other children who: live with your parents (or live apart because of college enrollment), receive more than half of their support from your parent(s), and will continue to receive more than half of their support from your parent(s) during the award year.
  - Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support during the award year.

*The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the parent should not include any unborn children in the family size.*

Full Name	Age	Relationship to Student
		Student/Self

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Please note that submission of this form electronically should be encrypted to protect any personal or confidential information.**