

# Family Size Verification Dependent Student 2024-2025

Office of Financial Aid  
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Student Name (please print)

Student ID (if known)

Complete this form to list the dependent members of your family that your parents support. The criteria for support of "dependent children" or "other persons" should be based on 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 2024-25 FAFSA. As a result, the parent should not include any unborn children in the family size or other members who live with the family but file their own tax return.

List all family members as noted above if your parents will support them from July 1, 2024 to June 30, 2025. This includes:

- The student
- The student's parent(s). Exclude a parent who has passed away or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if all the following are true:
  - They live with the student's parents (or live apart because of college enrollment)
  - They receive more than half of their support from the student's parent(s)
  - They will continue to receive more than half their support from the student's parent(s) during the award year.
  - They can be claimed as a dependent on the student's parent(s)' U.S. Tax return.
- Other persons if all the following are true:
  - They live with the student's parent(s)
  - They receive more than half of their support from the student's parent(s)
  - They will continue to receive more than half their support from the student's parent(s) during the award year.
  - They can be claimed as a dependent on the student's parent(s)' U.S. Tax return.

For sections D-F, provide information for any family member enrolled in postsecondary school. If not enrolled, leave fields blank. Enrollment will be verified in the fall semester of the 2024-25 academic year. If there is a change to a household member's enrollment status after submitting this form, please notify our office.

## 1. Household Information

A. Full Name	B. Age	C. Relationship to Student	D. College	E. Program Type	F. Enrollment Status
Example: Cecil Sagehen	18	Self	Pitzer College	Undergrad	Full time

## 2. Certification

I certify that all of the information reported on this form and any attachments are true, complete and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student Signature

Date

Parent Signature

Print Name

Date