

Family Size Verification Independent 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 you and your spouse (if applicable) support. The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the student should not include any unborn children in the family size.

List all members of your household who you and your spouse (if applicable) will support from July 1, 2024 to June 30, 2025. This includes:

- The student
- The student's spouse (if applicable)
- The student's dependent children if all the following are true:
 - They live with the student (or live apart because of college enrollment);
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.
- Other persons if all the following are true:
 - They live with the student;
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.

For sections D-F, provide educational information for any household members enrolled in postsecondary education. 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