



2025-2026 STUDENT FAMILY SIZE

(559) 325-5239

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You were selected for a review process called verification. Information on this form will be used to verify the accuracy of the information reported on the FAFSA. Please complete the entire worksheet in blue or black ink. Incomplete worksheets will not be accepted.

Student Name: _____ ID#: _____

STUDENT FAMILY SIZE VERIFICATION

List members in your family:

- Yourself
- Your spouse, if legally married and not separated when you filed the FAFSA
- Your dependent children, if you will provide more than half of their support between July 1, 2025, and June 30, 2026.
- Other individuals may be included in your family if:
 - They live with you **NOW** and you provide more than half of their support
 - And they **WILL CONTINUE** to live with you, and you will continue to provide more than half of their support, between July 1, 2025, through June 30, 2026

Full Name	Age	Relationship to Student
		Self

CERTIFICATION STATEMENT

By signing and dating below you certify that all the information reported on this form is complete and correct.

Student Signature

Date