



2024-2025 Dependent Family Size Verification Form

Your financial aid application was selected by the U.S. Department of Education to undergo a process called verification. You and your parent must complete, sign, and submit this form to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid. **Incomplete forms or conflicting information will cause delays in the processing of your aid.** Instructions for looking up your student ID number are found [here](#).

A. Student Information:

Last Name: _____ First Name: _____

Student ID (required): _____ Date of Birth: ____/____/____ Phone Number: (____) ____-_____

B. Family Information

Please list the people in your parent(s) family. Unborn children should not be counted in the family size. However, if a child is born during the award year and will receive more than half of their support from your parent(s), the family size can be updated accordingly.

Include the following:

- Yourself, even if you don't live in their home.
- Your parent(s), including step-parent if your parent is remarried.
- Your siblings/step-siblings if your parent(s) will provide more than half of their support between July 1, 2024 and June 30, 2025. Include siblings who would be required to provide parental information on the 2024-2025 FAFSA, even if they don't live with your parents.
- 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 through June 30, 2025.

If more space is needed attach an additional sheet with the student's name and ID number at the top.

| First Name | Last Name | Age | Relationship to You |
|----------------|-----------|-----|---------------------|
| EXAMPLE: Missy | Jones | 18 | Sister |
| | | | Self |
| | | | |
| | | | |
| | | | |
| | | | |

C. Certification and Signatures

Each person signing below certifies that all the information reported on this form is complete, correct, and any additional information is attached. The student and one parent **MUST** sign and date this form. Note: Forms must be physically signed with a pen or drawn using the "fill and sign" option on the PDF. **TYPED SIGNATURES ARE NOT ACCEPTED.**

WARNING: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.

Student Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____

Please return your completed form in one of the following ways: **Electronic:** Upload to To-Do list item in SIS, email to brccfinancials@brcc.edu, or electronic upload through [DropSecure](#). **Mail:** Blue Ridge Community College, Office of Financial Aid, Box 80, Weyers Cave, VA 24486. If you have questions or need assistance, please call 540-453-2301.