

FORM PHSIZE - IDAHO STATE UNIVERSITY  
VERIFICATION OF FAMILY SIZE  
PARENT(S)

25-26

PHSIZE-26

The federal government requires colleges to check the accuracy of the information you provided on your Free Application for Federal Student Aid ([FAFSA](#)). This process is called verification. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form or you will not be considered for federal financial aid. Please return this completed form to:

Office of Financial Aid, Idaho State University, Museum Building, Third Floor  
921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077  
Phone: (208)282-2756 Fax: (208)282-4755 Email: [financialaid@isu.edu](mailto:financialaid@isu.edu)  
Scan and Upload: [isu.edu/financialaid/upload](http://isu.edu/financialaid/upload)

\*Student Name: \_\_\_\_\_  
(Use blue or black ink) Last First M.I.  
\*ISU ID: \_\_\_\_\_ \*Last 4 Digits of Social Security #: \_\_\_\_\_  
(Find on [MyISU](#)) \*Required

**Family Size - Includes the Following:**

- The student.
- The student's parents, even if the student is not living with them. Exclude a parent who has died 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: 1-They live with the parents (or live apart because of college enrollment). 2- They receive more than half of their support from the student's parents, and 3- They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true: 1- They live with the student's parents. 2- They receive more than half of their support from the student's parents. 3- They will continue to receive more than half their support from the student's parents during the award year.
- If child's age is less than 1 year, list age in months. Do not include unborn children.

	Full Name	Age	Relationship
1.	_____	_____	son/daughter
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

**CERTIFICATION:** Each person signing below certifies that all of the information reported is complete and correct.  
**WARNING:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(The parent of the dependent student is required to sign this certification. If parents are divorced or separated, the parent who originally provided information on the [FAFSA](#) is required to sign.)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Typed signatures not accepted.*