2025-2026

Independent 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 spouse (if applicable), must complete, sign, and submit this form listing the name and age of each of your household family members and their relationship to you. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.

_____ _____

Students Name (Last, First, M.I.) - Printed **Student ID – Required**

Family size includes the following:

- The student.
- The student's spouse, if applicable.
- The student's dependent children if all of 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 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.

The provided criteria for "dependent children" or "other persons" mirror the requirement that family size align with those 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 2025-2026 FAFSA. As a result, the parent should not include any unborn children in the family size.
**If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship
		SELF (Student)

Certification and Signatures

Each person signing below certifies that all of the verification documents submitted with this certification are complete and correct. The Student and spouse, if applicable, whose information was reported on the FAFSA must sign and date. **WARNING: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.**

_____ _____

Students Signature (Required) Date

_____ _____

Spouses Signature, If Applicable Date

Sign and Submit to Oglala Lakota College- Financial Aid Department at financial-aid@olc.edu or via mail at 490 Piya Wiconi Road Kyle, South Dakota Phone or Fax (605) 455-1027. Call 605-455-6000 for questions or concerns.