

R _____
Student Rocket Number

Student Last Name

Student First Name



**2024-25
DEPENDENT STUDENT
FAMILY SIZE WORKSHEET**

COMPLETE WITH
BLACK INK ONLY.

We have reviewed your Free Application for Federal Student Aid (FAFSA). Additional information is needed to clarify a conflict regarding your family members. Please complete and return this worksheet so that we can continue processing your application.

Dependent Student Family Members
(Parent information was required on your FAFSA.)

List below your family members, including:

- Yourself.
- The parent who signed your FAFSA and his/her current spouse, if married **–OR–** the parent who signed your FAFSA and your other legal parent, if unmarried and living together (FAFSA parents).
- Other dependent children of your FAFSA parent(s), if they live with your FAFSA parent(s) (or live apart because of college enrollment), they receive more than half of their support from your FAFSA parent(s) now, and they will continue to receive more than half of their support from your FAFSA parent(s) from July 1, 2024, through June 30, 2025.
- Other people, if they live with your FAFSA parent(s), they receive more than half of their support from your FAFSA parent(s) now, and they will continue to receive more than half of their support from your FAFSA parent(s) from July 1, 2024, through June 30, 2025.

If more space is needed for additional family members, attach an additional page. List all the information requested below for each additional family member. Also include your name, your Rocket Number, your and your parent's handwritten signatures, and the dates of your signatures.

To avoid a delay in the processing of your financial aid, please print clearly.

FULL LEGAL NAME OF EACH FAMILY MEMBER	AGE	RELATIONSHIP TO STUDENT (e.g., parent, sibling, etc.)
		Self

DO NOT LEAVE BLANK

STUDENT'S AND PARENT'S HANDWRITTEN SIGNATURES AND DATES ARE REQUIRED BELOW.

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Certification Statement: By signing this worksheet, I (we) certify that all the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature – use full legal name Date

Parent Signature – use full legal name Date

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.

TO RETURN THIS FORM:

Upload to: *myUT.utoledo.edu*
"My Financial Aid"
"Financial Aid Documentation Upload"

Mail to: The University of Toledo
Office of Student Financial Aid
2801 West Bancroft Street, Mail Stop 314
Toledo, OH 43606-3390

In person: Rocket Solution Central
1200 Rocket Hall

Fax to: 419.530.5835