

R \_\_\_\_\_  
Student Rocket Number

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name



**2025-26  
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), receive more than half their support from your FAFSA parent(s) now, and will continue to receive more than half their support from your FAFSA parent(s) from July 1, 2025, through June 30, 2026.
- Other people, if they live with your FAFSA parent(s), receive more than half their support from your FAFSA parent(s) now, and will continue to receive more than half of their support from your FAFSA parent(s) from July 1, 2025, through June 30, 2026.

If more space is needed for additional family members, attach an additional page with student name and Rocket Number. Include all the information requested below for those family members, handwritten student and parent signatures, and date of signature.

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
		<i>Self</i>

DO NOT LEAVE BLANK

**STUDENT AND PARENT 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 of 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 (using full legal name) Date

\_\_\_\_\_  
Parent Signature (using full legal name) Date

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

**TO RETURN THIS FORM:**

Upload to: *myUT.toledo.edu*  
"My Financial Aid"  
"Secure Financial Aid Document 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