

R
Student Rocket Number

Student Last Name

Student First Name



**2025-26
INDEPENDENT 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.

Independent Student Family Members
(Parent information was not required on your FAFSA.)

List below your family members, including:

- Yourself.
 - Your spouse (if you are married).
 - Your and your spouse's dependent children, if they live with you (or live apart from you because of college enrollment), they receive more than half their support from you (or your spouse, if married), and they will continue to receive more than half of their support from you (or your spouse, if married) from July 1, 2025, through June 30, 2026.
 - Other people, if they live with you, they receive more than half of their support from you (or your spouse, if married), and they will continue to receive more than half their support from you (or your spouse, if married) 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 signature, 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
		Self

DO NOT LEAVE BLANK

YOUR HANDWRITTEN SIGNATURE AND DATE ARE REQUIRED BELOW.

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Certification Statement: By signing this worksheet, I 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 _____

TO RETURN THIS FORM:

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

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