

**FORM SHSIZE - IDAHO STATE UNIVERSITY**  
**VERIFICATION OF FAMILY SIZE**  
**STUDENT/SPOUSE**

26-27

**SHSIZE-27**

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 spouse, if applicable.
- The student's dependent children if the following are true. 1- They live with the student (or live apart because of college enrollment). 2- They receive more than half of their support from the student. 3- They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true. 1- They live with the student. 2- They receive more than half of their support from the student. 3- They will continue to receive more than half their support from the student 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.	_____	_____	Self _____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

**CERTIFICATION:** The 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: \_\_\_\_\_  
*Typed signatures not accepted*