

Student Signature

Dependents in Family Size Form Independent Student (IDIH)

Academic Year 2025-26 Campus Financial Services Center 7400 Bay Road, University Center, MI 48710 Phone: (989) 964-4900 Fax: (989) 964-4291

Email: cfsc@svsu.edu

	FIRST NAME	MIDDLE INITIAL
SVSU ID# or SS#	TELEPHONE#	
n your 2025-2026 Verification Worksheet, t pouse, your dependent children (even if ith you now. Only include dependent cl upport between July 1, 2025, and June 30	they live apart due to college enrollm hildren and other people if you will pr	nent), and other people livin
Full Name	Age	Relationship
Attach additional page, if needed)		
tatement of Family Size: certify that those listed above should nan 50% of their support and I will com nrough June 30, 2026.		
certify that those listed above should an 50% of their support and I will contrough June 30, 2026. You list the same people as you did on your verification and the same people as you did on your verification and the same people and how much each people in you provide for a child, please indicate who and	on worksheet, you must document below how you person earns (including social security, unemployme	provide more than 50% of their supporent, and financial aid). If someone is
certify that those listed above should an 50% of their support and I will contrough June 30, 2026. you list the same people as you did on your verification dicate how much you provide and how much each people in you provide for a child, please indicate who and	on worksheet, you must document below how you person earns (including social security, unemployme	provide more than 50% of their supporent, and financial aid). If someone is
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Date