

2024-2025Family Size Verification **Dependent Student**

4301 Broadway, Box 308
San Antonio, TX 78209
Phone: (210) 829-6008
Fax: (210) 283-5053
finaid@uiwtx.edu
www.uiw.edu/finaid
Revised 02/2024
FSVD05

Black Ink Only

Your 2024-2025 FAFSA was selected for verification by the Dept. of Education, which requires our office to confirm or correct the current family size reported on your FAFSA. You are required to complete the verification process in order to receive financial aid. For more information, please visit www.uiw.edu/finaid.

Student Name	Student ID		Phone Number (include area code)
STEP 1: FAMILY SIZE INF	FORMATION - Attach a separate sheet if	necessary.	
	parent and people who live with and whom parent(s) who receive <i>more</i> than 50% of the		han 50% of their support from your parent(s). n them.
	Full Name	Age	Relationship to Student
-			
	-		
STEP 2: STUDENT CERTII	FICATION AND SIGNATURE		
I certify that all information reported on this worksheet is complete and accurate. I understand if I purposely give false or misleading information on this worksheet, I may be fined, sentenced to jail, or both.			
Student Handwritten Signat	ture (Required)	Date (Requi	ired)
*All signatures must be <u>handwritten</u> in black ink only. Electronic/typed signatures and signatures made with an electronic pen will <u>not</u> be accepted.			
<u></u>	<u> </u>		
STEP 3: PARENT CERTIF	ICATION AND SIGNATURE		
I certify that all information reported on this worksheet is complete and accurate. I understand if I purposely give false or misleading information on this worksheet, I may be fined, sentenced to jail, or both.			
Parent Handwritten Signatu	ure (Required)	Date (Requir	red)
*All signatures must be handwrit	ten in black ink only. Electronic/typed signatu	res and signature	s made with an electronic pen will not be accepted.