

## **2024-2025** Family Size Verification

## Independent Student

\*\*\*Black Ink Only\*\*\*

4301 Broadway, Box 308 San Antonio, TX 78209 Phone: (210) 829-6008 Fax: (210) 283-5053 finaid@uiwtx.edu www.uiw.edu/finaid Revised 05/2024

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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

tudent Name	Student ID		Phone Number (include area code)
STEP 1: FAMILY SIZE INFORMA		•	
• List your spouse, and the people we provide more than 50% of their su		ovide more than	50% of their support, and children who y
Full Na	me	Age	Relationship to Student
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	-	-	
		a el	
	+	1 11	
STEP 2: STUDENT CERTIFICAT	TION AND SIGNATURE		
I certify that all information reported or misleading information on this worksh			d if I purposely give false or
Student Handwritten Signature (R		Date (Required	