

## 2025-2026 Dependent Family Size Clarification Form

	Submit securely online: ksu.edu/sfa/upload		Deliver in person: 119 Anderson Hall   919 Mid-Campus Drive North Manhattan, Kansas 66506-0107  Wildcat Identification Number  Student's Phone Number	
Student's Name (Last, First, MI) Student's K-State Email Address				
here is an inconsistency with the neAFSA.	umber of family n	nembers between yo	our original	Dependent Verification Form and your
2026 or they would be required to Other people, if they now live wit continue to do so from July 1, 20. Note: Support is defined as providing foodelpful Hints:  The parent listed below should be Provide the complete date of bird Do not include a parent not livin Do not include foster children or	y are living togetheive more than had provide parentath your parents, the 25 through June 3 d, housing, medical/dote the parent who the for yourself and g in the househol children who reco	ner, even if they are in alf of their support from the information when the iney receive more the insurance of the insurance of the information was also according to the information was also according to the insurance of the information was also according to t	om your pai applying fo in half of the ance, car insura reported on er. or divorce.	rents from July 1, 2025 through June 30, or federal financial assistance. eir support from your parents <b>and</b> will ance, money or other financial resources.  I your FAFSA.
Full Name of Family Member Begin with yourself	Date of Birth Ex. 11/17/2005 Do not leave blank.	Relationship to Self, mother/step-m father/step-father, k sister, etc.	other,	
		Self		
Certification Statement By signing this verification form, I ce	rtify that all of the	e information reporte	ed is comple	ate and accurate