

## Family Size Form Independent Student 2026-2027

PLEASE PRINT CLEARLY

Yourself (Your Name) \_\_\_\_\_ FIT ID # @ \_\_\_\_\_

Your Spouse's Name (if you are married) \_\_\_\_\_

List you and your spouse's dependent children **if you will provide more than 50% of their financial support** between July 1, 2026, and June 30, 2027, even if they live apart from the parents due to a qualifying temporary absence under IRS code, such as due to college enrollment.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other people if they are living with you **AND you will provide more than 50% of their financial support** between July 1, 2026 and June 30, 2027.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
**Student** (Typed signatures are not accepted.)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse** (Typed signatures are not accepted.)

\_\_\_\_\_  
**Date**