

Parent's Signature

Southwestern Michigan College 2025-2026 Family Size Verification- Dependent Student



Financial Aid Office, 58900 Cherry Grove Road, Dowagiac, MI 49047 Phone: 269,783,2143 Fax 269,783,2114 Email: finaid@swmich.edu

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid Office within 14 days. Financial aid will not be authorized to your account until the verification process is complete and your corrected file is back from the Federal Processor. You may be asked for additional information. If you have questions about verification, call 269-783-2143 as soon as possible so that your financial aid will not be delayed.

ast Name	First Name		M.I.	Date of Birth	
Street Address (include apt. no.)				Home Phone Number (include area code)	
Sity	State		Zip Code	Cell Phone Number (include area code)	
tudent's Email Addı	ress				
Dependent Stu					
	wing people on the				
	-	_		live with your parent(s). If your parents are	
	• •			rmation you used to complete the FAFSA.	
-	· *		• • •	t because of college enrollment), receive more than	
		r parent(s),	and will continue to receive n	nore than half of their support from your parent(s)	
during the av	•				
				ovide more than half of their support and will	
•			ir support during the award ye		
-				ith the requirement that family size align with whon	
_	_			re to file a U.S tax return at the time of completing	
		-	t should not include any unbor	n chilaren in the family size.	
Full N	ame	Age	Relationship to Student		
			Student/Self		

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Please note that submission of this form electronically should be encrypted to protect any personal or confidential information.

Date