

Student's Signature

Southwestern Michigan College 2025-2026 Family Size Verification- Independent 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 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 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.

Independent Student's Information			Student ID# N L L L L L L L L L	
Last Name	First Name	M.I.	Date of Birth	
Street Address (include	de apt. no.)	Home Phone Number (include area code)		
City	State	Zip Code	Cell Phone Number (include area code)	
Student's Email Adda	ress		_	
•	tudent's Family In			
	g people on the chart belo	ow:		
YourselfYour spouse	(10			
than half of year. Other people provide mor The provided crit whom the studen completing the 2	their support from you, and e ONLY if they now live than half of their supporteria for "dependent child to could claim as a dependent of the c	with you and you provide month of the award year. If during the award year. If a continuous conti	live apart because of college enrollment), receive more ore than half their support from you during the award are than half of their support and will continue to an with the requirement that family size align with a student were to file a U.S tax return at the time of acclude any unborn children in the family size.	
Full N	Name Age	Relationship to Student		
		Student/Self		

The 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