



2025-2026 Verification Worksheet Family Size - Dependent Student

Your FAFSA application was selected for review in a process called "Verification." In this process, the University of Sioux Falls will be comparing information from your FAFSA with requested financial documents. Please fill out this form and return it to the Financial Aid Office at USF as soon as possible to avoid delays. If an error(s) is found, a correction will be made on the FAFSA. Once verification is complete, the student will receive a Financial Aid Offer from USF!

Section A: Student Information

_____ Last Name	_____ First Name	_____ MI	_____ Date of Birth (mm/dd/yy)	_____ USF ID or SSN
_____ Address	_____ City	_____ State	_____ Zip	_____ Phone Number

Section B: Family Size

List Family Size – Includes the following:

- The student.
- The student’s parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student’s siblings if the following are true:
 - They live with the student’s parents (or live apart because of college enrollment),
 - They receive more than half of their support from the student’s parents, and
 - They will continue to receive more than half their support from the student’s parents during the award year.
- Other persons if the following are true:
 - They live with the student’s parents,
 - They receive more than half of their support from the student’s parents, and
 - They will continue to receive more than half their support from the student’s parents during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2025-2026 FAFSA. As a result, the parent should not include any unborn children in the family size.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

<u>Name</u>	<u>Age</u>	<u>Relationship to Student</u>
Example: Maggie Bell	21	Sister
		SELF

Section C: Signature

CERTIFICATION AND SIGNATURES:

The law (CFR Title 34, Part 668) states that the University of Sioux Falls has the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, the University of Sioux Falls may send corrections electronically to have your information reprocessed.

By signing this worksheet, I (we) certify that all information reported to qualify for Federal student aid is complete and correct.

WARNING: Purposely giving false or misleading information on this worksheet to alter Federal Aid eligibility may result in a fine, sentence to prison, or both.

_____ Student Signature	_____ Date	_____ Parent from FAFSA Signature	_____ Date
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Submit this form and required documentation:

Securely upload from your device: usioxford.edu/financial-aid/upload **Mail:** USF Financial Aid Office 1101 W 22ns Street, Sioux Falls, SD 57105

Email: finaid@usioxford.edu **Phone:** 605-331-6623 **Fax:** 605-575-2043