Office of Financial Aid
107 Kincaid Dr MSC 900 Toccoa Falls, GA 30598
Email: finaid@utf.edu **Phone:** (706) 914-8681

Dependent Student Family Size Verification

Student's Last Name *Student's First Name* *Student's DOB*

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 students' parents (or live apart because of college enrollment),
  - They receive more than half of their support from the students' parents, and
  - They will continue to receive more than half their support from the students' parents during the award year.
- Other people if the following are true:
  - They live with the student's parents,
  - They receive more than half of their support from the students' parents, and
  - They will continue to receive more than half their support from the students' parents during the award year.

If more space is needed, provide a separate page with the student's name and date of birth at the top.

Full Name	Age	Relationship
		Self

Student's Signature *Date* *Student's Name (Please Print)*

Parent's Signature *Date* *Parent's Name (Please Print)*

Submit this form to:
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Toccoa Falls, GA 30598
finaid@utf.edu 706-914-8681