

Spouse's Signature (Optional)

## PIEDMONT COMMUNITY COLLEGE Financial Aid Office

## Dependent Student Family Size 2025–2026

Student's Name:	Student ID:		
Family Size - Includes the following:			
The student.			
<ul> <li>The student's parents, even if the student is not household because of separation or divorce. Income the family.</li> </ul>	t living with them. Exc clude a parent who is	clude a parent who has died or is not living in the on active duty in the U.S. Armed Forces apar	
<ul> <li>The student's siblings if the following are true:         <ul> <li>They live with the student's parents (or</li> <li>They receive more than half of their sup</li> <li>They will continue to receive more than</li> </ul> </li> </ul>	oport from the studen		
<ul> <li>Other persons if the following are true:         <ul> <li>They live with the student's parents,</li> <li>They receive more than half of their sup</li> <li>They will continue to receive more than</li> </ul> </li> </ul>		t's parents, and m the student's parents during the award year	
The provided criteria for "dependent children" or "other parent could claim as a dependent on a U.S. tax retuithe 2025-2026 FAFSA. As a result, the parent should not find more space is needed, provide a separate page with t	urn if the parent were ot include any unborn	e to file a U.S tax return at the time of completing children in the family size.	
Full Name	Age	Relationship	
		Self	
Certifications and Signatures		WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.	
Each person signing below certifies that all of the information reported is complete and correct.		illieu, sent to prison, or both.	
Print Student's Name	Student's ID N	Student's ID Number	
Student's Signature (Required)  Date			

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school. You should make a copy of this worksheet for your records.

Date