Verification of Family Size/Number in College
• 2026-2027 Worksheet •

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You have been selected for a process called "Verification" in which we are required to verify information provided on your FAFSA. Please complete this worksheet to verify the number of people in your or your parents' family, and indicate which members are/will be attending college during the 2026-27 school year. Please keep in mind that when reviewing the information submitted, the Office of Financial Aid may ask for additional information. We recommend that you monitor the "Notifications" tab in your MyMSUB login on a weekly basis to see if any additional documentation has been requested.

Student Last Name *First Name* *MSU Billings ID*

Verification of Family Information (check **one** of the boxes below):

☐ ***Dependent Students*** (you were required to provide parental information on your FAFSA for 2026–2027):

- List the people in your parents' family, including:
  - Yourself, even if you don't live with your parents, and
  - Your parents, including stepparents, and
  - Your parents' other children, even if they don't live with your parents, if:
    a) your parents will provide **more than half** of their support from 7/1/26 through 6/30/27, ***or***
    b) the child(ren) who would be required to provide parental information on their 2026-27 FAFSA(s)
  - Other people if they now live with your parents, your parents provide more than half of their financial support, and your parents will continue to provide more than half of their support through 6/30/2027.

OR

☐ ***Independent Students*** (you weren't required to provide parental information on your FAFSA for 2026–2027):

- List the people in your family, including:
  - Yourself,
  - Your spouse (if married), and
  - Your children, if: you will provide more than half of their support from 7/1/26 through 6/30/27, and
  - Other people if they now live with you, you provide more than half of their financial support, and you will continue to provide more than half of their support through 6/30/2027

FIRST AND LAST NAME OF FAMILY MEMBER	AGE	RELATIONSHIP TO YOU	WILL BE ENROLLED AT LEAST HALF TIME? *See instructions below	FULL NAME OF COLLEGE*
		SELF	Yes / No	MSU - Billings
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	

*For any family member, **excluding parents**, who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institute any time between 7/1/26 and 6/30/27.

I certify the information on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid. I understand that the information provided on this form may affect my financial aid eligibility.

Student Signature *Date* *Parent Signature (dependent students only)* *Date*