SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

Student Financial Aid
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2025-2026
Household Size

VIHHS

Student Name _____   Univ. ID# _____

Conflicting information has been reported regarding the number of people reported in your parent's household size on the FAFSA and the Institutional Verification Form.

Dependent Student:
List the names of all the members in your parents' household in the chart below, including:

- Yourself, even if you don't live with your parent(s)/stepparent, and
- Your parent(s)/stepparent, and
- Your parent(s)'/stepparent's other children if they will receive more than half of their support from your parent(s)/stepparent from July 1, 2025, through June 30, 2026, and
- Other people if they now live with your parent(s)/stepparent, and they receive more than half of their support from your parent.
  and will continue to receive more than half of their support from your parent from July 1, 2025, through June 30, 2026.

Independent Student:
List the names of all household members in the chart below, including:
- Yourself, and your spouse (if married), and
- Your children/stepchildren, if you will provide more than half of their support from July 1, 2025, through June 30, 2026, and
- Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2025, through June 30, 2026.

In the chart below, please list the name, age, and relationship to the student of each person in your household, do not leave blanks.

Full Name	Age	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		

☐ Check this box if there are more than seven family members in your household and attach a list of these people.

With my inked signature, I certify that ALL the information on this form is true and complete

_____   _____
Required Student Signature   Date   **Required** Parent Signature   Date
                                                       (Dependent Student Only)