



Financial Aid Office
2024-2025 Family Size Verification
Dependent Student (1FAMP)

Click here if you'd like to complete this form electronically using DocuSign.

Name: ID#:

A. PARENT'S FAMILY SIZE

- Include YOURSELF (student),
Include your PARENT(S), even if you do not live with them:
- If your parents are divorced, list the parent who provided the most financial support during the last twelve months or in the last year you received support.
- If your parents are unmarried and living together, list both parents.
If the parent you listed is currently remarried, also list your STEPPARENT.
Include PARENT(S)/STEPPARENT'S OTHER CHILDREN if they now live with your parent(s)/stepparent and your parent(s)/stepparent will provide more than half of their support through June 30, 2025.
Include OTHER PEOPLE if they now live with your parent(s)/stepparent and your parent(s)/stepparent will provide more than half of their support through June 30, 2025.
Include other children/people even if temporarily absent from the household (e.g. illness, education, military service, etc.).

The provided criteria for "dependent children" or "other persons" aligns 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 2024-2025 FAFSA. As a result, the parent should not include any unborn children in the family size.

COMPLETE EACH SECTION FOR ALL NAMES LISTED.

Table with 3 columns: Full Name, Age, Relationship. Rows include Self, Parent/Stepparent, Parent/Stepparent, Sibling, and empty rows.

Continued on next page

B. CERTIFICATION & SIGNATURES

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the 2024-2025 FAFSA must sign and date.

TYPED SIGNATURES WILL NOT BE ACCEPTED.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Black Hawk College Financial Aid Office, 6600 34th Avenue, Moline, IL 61265

Phone: 309-796-5400 Fax: 309-796-5447 Email: finaid@bhc.edu

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