

2025-2026 Independent Family Size Verification Form

The purpose of this worksheet is to verify that the information reported on your 2025–2026 Free Application for Federal Student Aid (FAFSA) is correct and complete. To do so, we will compare your FAFSA with the information you provide on this worksheet, as well as any other documents requested in conjunction with this form. If differences are found, we will correct your FAFSA accordingly. Once you complete the form, you may be asked for supplemental information, which should be promptly provided to the Office of Financial Aid Services for processing.

A. Student & Spouse (if app	licable) Information		
Student's Full Name:			Moravian ID:	
Spouse's Full Name (if applicable	e):			
Spouse's Email Address (if applied	cable): _			-
 The student The student's spouse (interpretation of the student's dependent of the student of	f applical at childre en and oth student (or than half o	ble) n* er persons ONLY II live apart because of f their support from the	college enrollment)	
Full Name	Age	Relationship to student	Name of College (if enrolled)	Will be enrolled at least half time (6 credits)?
Example: Amos Comenius	18	Son	Moravian University	Yes
		Self	Moravian University	
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If more space is needed, please attach a s C. Certification and Signat Each person signing below certifies that	ures all of the i	nformation reported i		
Student Signature Required (no typed signature	gnature pe	rmitted) Date		

Date

Spouse Signature (if applicable) (no typed signature permitted)