

## 2026-2027 Dependent Family Size Verification Form

The purpose of this worksheet is to verify that the information reported on your 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 & Parent Information

Student's Full Name: \_\_\_\_\_ Moravian ID: \_\_\_\_\_

Parent's Full Name(s): \_\_\_\_\_

Parent's Email Address(es): \_\_\_\_\_

### B. Family Members

Report information below as it applies to your family size any time between July 1, 2026, and June 30, 2027. Family size will include:

- The student
- The student's parent(s)
- The student's sibling(s)\*
- Other persons\*

**\* Include siblings and other persons ONLY IF the following is true:**

- They live with the student's parents (or live apart because of college enrollment)
- They receive more than half of their support from the student's parent(s)
- They will continue to receive more than half of their support from the student's parent(s) during the 2026 -2027 award year

Full Name	Age	Relationship to student	Name of College (if enrolled)	Will be enrolled at least half time (6 credits)?
<i>Example: Amos Comenius</i>	<i>18</i>	<i>Brother</i>	<i>Moravian University</i>	<i>Yes</i>
		<i>Self</i>	<i>Moravian University</i>	

If more space is needed, please attach a separate page and include the student's name and Moravian ID at the top

### C. Certification and Signatures

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 FAFSA must sign and date.

\_\_\_\_\_  
Student Signature Required (no typed signature permitted)      Date

\_\_\_\_\_  
Parent Signature Required (no typed signature permitted)      Date

Please return your completed form to the Office of Financial Aid Services via:

Mail (1200 Main Street Bethlehem, PA 18018)

Fax (610-861-1346)

Electronically through [Xmedius SendSecure](#)

In-person (1st floor Colonial Hall)