NM STATE UNIVERSITY

University Financial Aid and Scholarships
MSC 5100
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001

2026-27 Family Size Verification Form

Student: _____ Aggie ID: _____
LAST FIRST MI

Email: _____ Phone: _____

The Financial Aid office is in the process of reviewing your FAFSA application. The family size you reported does not match the number of individuals listed and claimed on the IRS tax return. Please complete and submit this form to the Financial Aid office to validate that the information provided on your application is accurate. When reporting your family size, only include individuals who receive more than 50% of their financial support from you or your parents (if dependent) during the school year.

Extended family members or other individuals (such as your adult siblings, nieces/nephews, etc.) may be included ONLY if they live with you AND will receive more than half their financial support from you, or your parents if you are a dependent student. Please consider all sources of income carefully before claiming that you or your parent support other individuals more than 50%.

If you are an independent student, list yourself, your spouse, any dependent children (even if they reside separately due to college enrollment), and any other individuals currently living with you. Include these dependent children and others only if you will provide more than half of their support from July 1, 2026, to June 30, 2027.

If you are a dependent student, include yourself, your parent(s) (and spouse or partner), other dependent siblings (even if they reside separately due to college enrollment), and any other individuals currently residing with the parent. Include these dependent children and others only if the parent will provide more than half of their support from July 1, 2026, to June 30, 2027.

Name of Family Member	Relationship to Student	Date of Birth
	Self	

By signing below, I/we certify that all the information reported on this worksheet is complete and correct. **The student and one parent must sign (for dependent students). WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. HANDWRITTEN SIGNATURES ONLY**

Student: _____ Date: _____

Parent (dependent students only): _____ Date: _____

Please return this form to the Financial Aid Office at your primary campus.