

**2026-27 Independent Family Size Clarification**

After a review of your application, there appears to be conflicting information regarding who is in your household. Please complete this form to include all of the household members.

**A. Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

NSHE: \_\_\_\_\_

**B. Student Household Information**

Please list the people in your household, including:

- Yourself, and your spouse (if married),
- Dependent children, only if they live with you now and you will provide more than half of their support between July 1, 2026, and June 30, 2027; an exception is if the dependent children live separately from the family for temporary reasons, such as college enrollment
- 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 between July 1, 2026 and June 30, 2027.

Full Name	Age	Relationship to Student
		Self (student)

If more space is needed, please provide a separate page showing your full name and NSHE ID number.

**C. Signature**

By signing this form, I certify that all information is complete and accurate.

Student Signature

Date