



Dependent Student: 2025-2026 Family Household Size Verification Form

Office Use Only
DVEREV

Office of Financial Aid and Scholarships

P.O. Box 3011 Commerce, Texas 75429 Phone: 903.886.5096 Fax: 903.886.5098

FAO.Verification@tamuc.edu

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. The Office Financial Aid & Scholarships is required to confirm the information you reported on your FAFSA. You must complete, sign, and submit this worksheet to our office. You may be asked to submit additional information and/or documentation.

STUDENT'S NAME: _____ **CWID:** _____

Student's Family Household Information

List the people in your household below include:

- Yourself
- Your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s) other children, if your parent(s) will provide more than half of their support from July 1, 2025, through June 30, 2026, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2026.

Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2025 and June 30, 2026.

If more space is needed, attach a separate page with your name and CWID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (6 credit hours)
<i>(Example)Missy Jones</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		YOURSELF	<i>East Texas A&M University</i>	

List all Parents in the Household

Certification and Signature: You, the student, and/or the parent(s) of, and/or the student's spouse, if applicable, by signing this form certify:

1. All of the information provided is true and complete to the best of your knowledge.
2. All federal and/or state financial aid received as a result of the information on this form will be used solely for purposes to pay the cost of attending East Texas A&M.
3. Will notify the Office of Financial Aid & Scholarships if changes occur to the information provided.
4. Agree to provide information requested by the Office of Financial Aid & Scholarships to verify the accuracy of this completed form and/or clear conflicting information on file.
5. Acknowledge that the Office of Financial Aid & Scholarships has the authority to verify information requested and such information may include IRS Tax Return Transcript(s) and/or any other documents from other entities/agencies that can collaborate on the accuracy of the information provided.
6. All parties who sign this form certify you are aware that purposely giving false or misleading information can result in a fine of up to \$20,000, sent to prison, or both.

Please Note: Both Parent and Student MUST Sign This Form
Failure to do so will void this document

Student's Signature

Date

Parent's Signature

Date