Office Use Only:	
Officer Initials:	



Office of Student Financial Aid Telephone (318) 357-5961 Fax (318) 357-5488 Email nsufinaid@nsula.edu

Student Campus Wide ID#

2024-2025 Dependent Family Size Worksheet

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for a review in a process
called verification. During the review process, we found a discrepancy in the number of members listed in your
parent(s) household that needs to be resolved. This form must be completed and signed before we can complete
he processing of your request for Financial Aid.

List the people in your household and include:

· Yourself

Student's Name

- Your parent(s) with whom you live (or last lived with), include step-parent;
- Your parent(s) other children if your parent(s) will provide more than half of their support from July 1, 2024 June 30, 2025, do not include foster children in the household.
- Any other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between July 1, 2024 June 30, 2025. Must include a signed statement of support from any other people listed in your household, including child(ren) over the age of 24.

Note: If NSU believes the information regarding the household members to be inaccurate, we may require additional documentation.

Full Name	Age	Relationship
		Self

CERTIFICATION AND SIGNATURE

1 0 0	st sign and date and at l	information reported is complete and correct. east one parent must also sign and date. Warraced to jail, or both.	
Student's Signature	Date	Parent's Signature	Date