AURORA UNIVERSITY

2027–2028 Family Size Verification

STUDENT INFORMATION

Student Name _____ AU Student ID _____

Do not complete this form if it has not been requested. Do not leave any fields blank.
Include first and last names of individuals listed below. This form cannot be completed in pencil.

Dependent Students
Include the below information:
- Student
- Parent(s), even if student is not living with them
- Student's siblings, if the parent(s) will provide more than half of their financial support from July 1, 2027 through June 30, 2028, even if they don't live in the home
- Other persons, if they live with and will receive more than half of their financial support from the parent(s) from July 1, 2027 through June 30, 2028

Independent Students
Include the below information:
- Student
- Spouse (if applicable)
- Student's dependent children, if they live with the student (or live apart temporarily because of college enrollment) and if the student will provide more than half of their financial support from July 1, 2027 through June 30, 2028
- Other persons, if they live with the student and the student will provide more than half of their financial support from July 1, 2027 through June 30, 2028

The provided criteria for "dependent children" or "other persons" align with the requirement that family size comprises whom the parent could claim as a dependent on a U.S. tax return if the parent were to file at the time of completing the 2027–2028 FAFSA. As a result, the parent should not include any unborn children in the family size.

FULL NAME OF EACH PERSON	RELATIONSHIP TO STUDENT	AGE
1.		
2.		
3.		
4.		
5.		
6.		
7.		

☐ Check this box if there are more than seven family members. Use the back of this form to include the additional persons.

I hereby certify that all of the information provided on this form is true, complete, and accurate to the best of my knowledge. I agree to provide information that will verify the accuracy of this completed form. I realize that until all requested information has been submitted, reviewed, and verified, no financial assistance will be credited to my student account. I understand that if corrections need to be made to my FAFSA, the Office of Financial Aid will make the corrections based on the verification process. If I purposely give false or misleading information, I may be fined, sent to prison, or both. I understand that it can take a minimum of two weeks for the Office of Financial Aid to process documents.

_____ _____
Signature (This must be written by hand, not typed.) Date

_____ _____
Parent Signature, if student is dependent (This must be written by hand, not typed.) Date

To return this form: Secure Document Uploader: aurora.edu/submitfinaidforms | Fax: 630-844-6191
Mail: Office of Financial Aid, 347 S. Gladstone Ave., Aurora, IL 60506 | In Person: Eckhart Hall, Room 324
Questions: Email: finaid@aurora.edu | Phone: 630-844-6190
Note: Documents submitted via email cannot be accepted due to security reasons.