



Clarification of Family Size and Members in College: 2026-2027

If you need assistance completing this form please contact the Financial Aid Office at (585) 345-6900 or financialaid@genesee.edu

Your FAFSA was selected for verification by the Department of Education. In our review of your documentation, we discovered a discrepancy in either the number of family members in your household, or the number of those attending college. Please complete this form to indicate who is in the household, and if they are attending college.

Student Name: _____ **ID/SSN:** _____

- I am a **dependent** student – list yourself, your parent(s), and anyone else that your parent will provide more than half their support from July 1, 2026 to June 30, 2027. Do not include children that your parent(s) pay child support for or foster children.
- I am an **independent** student – list yourself, your spouse (if applicable), and anyone else that you provide more than half their support from July 1, 2026 to June 30, 2027. Do not include children that you or your spouse pay child support for or foster children.

Full Name of Each Family Member	Relationship to Student	Age	Attends College at least 1 term during the 2026-2027 academic year	Enrolled Part or Full Time	Name of College
<i>Ex: Bentley Burns</i>	<i>Self</i>	<i>18</i>	<i>Yes</i>	<i>Full Time</i>	<i>Genesee Community College</i>

(Note: if there is someone else living in the household but your parent(s) (dependent student), or you (or your spouse) (independent student) do not provide at least half their support then they should not be included on this form. Additional documentation may be required. Please attach a separate sheet if all household members do not fit on this form.)

By signing below, I certify that the information provided above is complete and accurate.

Student Signature: _____ **Date:** _____

Spouse’s Signature (if married): _____ Date: _____

For Dependent Students (to be signed by custodial parent)

Parent 1 signature: _____ Date: _____

Parent 2 signature: _____ Date: _____

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