KALAMAZOO COLLEGE®
OFFICE OF FINANCIAL AID
1200 Academy Street, Kalamazoo, MI 49006
269.337.7192 • finaid.kzoo.edu

2027–28 FAMILY VERIFICATION WORKSHEET: INDEPENDENT

_____
Student's Name (please print)

FAMILY INFORMATION

List all people in your family, include:

- *Yourself*
- *Your spouse, if applicable.*
- *Your dependent children if:*
  - o *They are living with you,*
  - o *They receive more than half of their support from you, and*
  - o *They will continue to receive more than half of their support from you from **July 1, 2027** through **June 30, 2028.***

- *Other people if:*
  - o *They are living with you,*
  - o *They receive more than half of their support from you, and*
  - o *They will continue to receive more than half of their support from you from **July 1, 2027** through **June 30, 2028.***

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2027–28 FAFSA. As a result, the student should not include any unborn children in the family size.

Name	Age	Relationship
		Self

By signing this worksheet, we certify that all information reported on it is complete and correct.
Both student and spouse (if applicable) must sign.

_____ _____
Student Signature Date

_____ _____
Spouse Signature Date

Please return by mail, fax or uploading to our secure site:
Kalamazoo College, Office of Financial Aid
1200 Academy St, Kalamazoo, MI 49006
Fax: 269.337.7390