

R  
Student Rocket Number

Student Last Name

Student First Name



2024-25  
INDEPENDENT STUDENT  
FAMILY SIZE WORKSHEET

COMPLETE WITH  
BLACK INK ONLY.

We have reviewed your Free Application for Federal Student Aid (FAFSA). Additional information is needed to clarify a conflict regarding your family members. Please complete and return this worksheet so that we can continue processing your application.

**Independent Student Family Members**  
(Parent information was not required on your FAFSA.)

List below your family members, including:

- Yourself.
- Your spouse (if you are married).
- Your and your spouse's dependent children, if they live with you (or live apart from you because of college enrollment), they receive more than half of their support from you (or your spouse, if married) now, and they will continue to receive more than half of their support from you (or your spouse, if married) from July 1, 2024, through June 30, 2025.
- Other people, if they live with you, they receive more than half of their support from you (or your spouse, if married) now, and they will continue to receive more than half of their support from you (or your spouse, if married) from July 1, 2024, through June 30, 2025.

If more space is needed for additional family members, attach an additional page. List all the information requested below for each additional family member. Also include your name, your Rocket Number, your handwritten signature, and the date of your signature.

To avoid a delay in the processing of your financial aid, please print clearly.

FULL LEGAL NAME OF EACH FAMILY MEMBER	AGE	RELATIONSHIP TO STUDENT (e.g., spouse, child, etc.)
		Self

DO NOT LEAVE BLANK

**STUDENT'S HANDWRITTEN SIGNATURE AND DATE ARE REQUIRED BELOW.**

AN ELECTRONIC SIGNATURE IS NOT ACCEPTABLE ON THIS FORM.

**Certification Statement:** By signing this worksheet, I certify that all the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature – use full legal name \_\_\_\_\_ Date \_\_\_\_\_

**TO RETURN THIS FORM:**

Upload to: myUT.toledo.edu  
"My Financial Aid"  
"Financial Aid Documentation Upload"

Mail to: The University of Toledo  
Office of Student Financial Aid  
2801 West Bancroft Street, Mail Stop 314  
Toledo, OH 43606-3390

In person: Rocket Solution Central  
1200 Rocket Hall

Fax to: 419.530.5835

**Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.**