



2026-2027
Family Size Form
Office of Undergraduate Financial Aid

STUDENT NAME

ID NUMBER

Family Size for Dependent Students

- **Yourself and your parents.** If your parents are divorced or separated, list the parent who provides the most financial support over 12 months immediately prior to filing FAFSA even if student does not live with that parent or lives with other parent. If that parent has remarried, also include that stepparent. If your parents live together but are not married, then you must provide information for both parents.
- **Your siblings, or parents' other children,** if your parent(s) will provide more than half of their support from July 1, 2026 through June 30, 2027, even if they do not live with your parent(s).
- **Other people if they now live with your parent(s)** and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2027.

Family Size for Independent Students

- **Yourself and your spouse,** if married.
- **Your children,** if you will provide more than half of their support from July 1, 2026 through June 30, 2027 or if the child would be required to provide your information if they were completing a FAFSA for 2026-2027. Include children who meet either of these standards, even if they do not live with you.
- **Other people if they now live with you** and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2027.

Full Name	Age	Relationship	Parent(s) Provide More Than Half of Their Support?
		Self	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION: I certify that all the information on this form is true and complete to the best of my knowledge. If asked by the Office of Undergraduate Financial Aid, I agree to provide proof of the information that I have given on this form. I realize that purposely giving false or misleading information on this form may result in reduced or loss of eligibility, repayment of aid, referral to the Chapman University Conduct Board, and/or a referral to the federal Office of the Inspector General.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE (FOR DEPENDENT STUDENTS)

DATE