



**Office Use Only**  
**IVEROD**

## Independent Student: 2023-2024 Family Household Size Verification Form

Office of Financial Aid and Scholarships  
P.O. Box 3011 Commerce, Texas 75429 Phone: 903.886.5096 Fax: 903.886.5098  
[FAO.Verification@tamuc.edu](mailto:FAO.Verification@tamuc.edu)

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. The Office Financial Aid & Scholarships is required to confirm the information you reported on your FAFSA. You must complete, sign, and submit this worksheet to our office. You may be asked to submit additional information and/or documentation.

**STUDENT'S NAME:** \_\_\_\_\_ **CWID:** \_\_\_\_\_

### Independent Student's Family Information

List the people in your household below. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, or spouse's children, if any, if you will provide more than half of their support from July 1, 2023, through June 30, 2024, 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, 2024.

Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2023, and June 30, 2024.

*If more space is needed, attach a separate page with your name and CWID Number at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (6 credit hours)
<i>(Example)Missy Jones</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		<b>YOURSELF</b>	<b>TX A&amp;M - COMMERCE</b>	

**Certification and Signature:** You, the student, and/or the parent(s) of, and/or the student's spouse, if applicable, by signing this form certify:

1. All of the information provided is true and complete to the best of your knowledge
2. All federal and/or state financial aid received as a result of the information on this form will be used solely for purposes to pay the cost of attending A&M-Commerce
3. Will notify the Office of Financial Aid & Scholarships if changes occur to the information provided
4. Agree to provide information requested by the Office of Financial Aid & Scholarships to verify the accuracy of this completed form and/or clear conflicting information on file.
5. Acknowledge that the Office of Financial Aid & Scholarships has the authority to verify information requested and such information may include IRS Tax Return Transcript(s) and/or any other documents from other entities/agencies that can collaborate on the accuracy of the information provided
6. All parties who sign this form certify you are aware that purposely giving false or misleading information can result in a fine of up to \$20,000, sent to prison, or both.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature, Optional

\_\_\_\_\_  
Date