

	Anoka Technical College	Anoka-Ramsey Community College		
Y	Financial Aid Office 1355 West HWY 10 Anoka, MN 55303 finaid@anokatech.edu	Financial Aid Office OR Financial Aid Office 300 Spirit Dr. S 11200 Mississippi BLVD NW Cambridge, MN 55008 Coon Rapids, MN 55433		
	Phone: 763-576-7730 Fax: 763-576-7721	financialaid@anokaramsey.edu Phone: 763-433-1500 Fax: 763-433-1501		
neet		HS		

## 2025-2026 Family Size Verification Worksheet

Your application was selected for review in a process called verification. In this process, the Financial Aid Office compares information from your FAFSA application with the information requested below. Federal law says we have the right to ask you for this information before awarding federal aid. If there are differences between your application information and your verification documents, the Financial Aid office may send corrections electronically to have your information reprocessed. You should complete verification as promptly as possible to avoid a delay in the processing of your financial aid.

## A. Student Information

Last Name	First Name	MI Student ID Number		
B. Family Information				
DEPENDENT S	TUDENTS	INDEPENDENT STUDENTS		
List the people that your parent(s) between July 1, 2025 and June 30, Include: ◆ Yourself ◆ Your Parent(s), even if you are	2026 in the table below.	List the people that you/spouse will financially support between July 1, 2025 and June 30, 2026 in the table below. Include: Yourself Your spouse		
<ul> <li>Exclude a parent who has died household because of separat parent who is on active duty in apart from the family.</li> <li>Your sibling(s) if they live with more than half of their support they will continue to receive n support during the award year</li> </ul>	d or is not living in the ion or divorce. Include a in the U.S. Armed Forces your parent(s), they receive rt from your parent(s), and more than half of their r.	<ul> <li>Your dependent children if they live with you, they receive more than half of their support from you, and they will continue to receive more than half of their support from you.</li> <li>Other people if they live with you, they receive more than half of their support from you, and they will continue to receive more than half of their support from you.</li> </ul>		
<ul> <li>Other people if they now live they receive more than half of parent(s), and they will contin half of their support during th</li> </ul>	their support from your ue to receive more than	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.		

C. Family Information List Full Name		Relationship
		Self

Each person signing this worksheet certifies that all the information reported on it is complete and correct. If asked by a school official, you agree to give proof of the information given on this form. For dependent students, both student and parent must sign. A wet signature or signature using a stylus is required.