



ATTENTION: FTP	
SUBMIT ONLINE: www.cbcbcmd.edu/fa-forms <small>(scroll to the bottom)</small> <small>"Securely upload your documents"</small>	Fax 443-840-2824
<small>PLEASE DO NOT CALL TO CONFIRM RECEIPT!</small>	
<small>Allow 24-48 business hours for login, then view status of all forms online via SIMON account (https://simon.cbcbcmd.edu)</small>	

FOR OFFICE USE ONLY	
STAMP HERE	
CAMPUS:	INITIAL: _____
C	D E OM

**Financial Aid Office
HHSIZE**

2025 – 2026: Family Size (Dependent and Independent Students)

The family size information reported on your Free Application for Federal Student Aid (FAFSA) must be verified. Complete the chart below, choosing the appropriate instructions for dependent/independent students.

1)

Student Name _____

CCBC ID _____

DEPENDENT STUDENTS ONLY:

List the names of all household members in the chart below, including:

- Your parents** - This form should be completed by the parent(s) reported on your 2025/2026 FAFSA application. If your parents are not married, but live together, then list BOTH parents in the chart below. If your parent is currently married (and NOT separated) then also list their **current spouse** in the chart below.
- Your parents'/stepparent's other children** - only if your parents will provide more than 50% of their support from 7/1/25 through 6/30/26
- Other people in your household** - *only if* they now live with your parents AND your parents will provide more than 50% of their financial support AND will continue to provide more than 50% of their support from 7/1/25 through 6/30/26.

↳ YOU MUST ATTACH PROOF OF DEPENDENT WORKSHEET(S) AND PROOF OF CURRENT ADDRESS TO VERIFY.

INDEPENDENT STUDENTS ONLY:

List the names of all household members in the chart below, including:

- Your spouse** (leave blank if single, divorced, separated, or widowed).
- Your children/stepchildren** only if you will provide more than 50% of their support from 7/1/25 through 6/30/26.
- Other people in your household** only if they now live with you/your spouse AND you/your spouse provide more than 50% of their financial support AND will continue to provide more than 50% of their support from 7/1/25 through 6/30/26.

↳ YOU MUST ATTACH PROOF OF DEPENDENT WORKSHEET(S) AND PROOF OF CURRENT ADDRESS TO VERIFY.

	Print Full Name	Age	Relationship to Student (this person is the student's...)
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

Student's Signature _____

Date _____

Parent's Signature (Dependent Students ONLY) _____

Date _____

Warning: Each person signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Please allow *at least* 2-3 weeks after ALL documents submitted for review. Check your SIMON account for status updates. All documents must be submitted by the last day of the semester. Financial aid awards are subject to change pending verification.