

SECTION I – STUDENT IDENTIFICATION

Please complete form in blue or black ink. Incomplete forms will not be accepted.
 Your FAFSA application was selected for a review process called Verification, which is required under Federal Financial Aid program rules. In this process we will be comparing information from your FAFSA, this form, and data transferred from the Internal Revenue Service. Please carefully answer all questions and supply additional information as requested.
Please complete the verification requirements as soon as possible. Failure to complete verification will prevent processing of your financial aid.

Student Last Name	First Name	M.I	Student ID#	
Permanent Address (include Apt #)			Date of Birth	
City	State	Zip	Home Phone Number	Cell Phone Number

SECTION II – FAMILY SIZE

Use the chart below to list the people in the household of the parent(s) listed on the FAFSA. Family Size includes:

- You, the student
- Your parents, including a stepparent, even if you do not live with them.
- Your siblings if the following are true:
 - They live with your parents (or live apart because of college enrollment);
 - They receive more than half of their support from your parents; and
 - They will receive more than half of their support from your parents from July 1, 2025 to June 30, 2026.
- Other persons if the following are true:
 - They live with your parents;
 - They receive more than half of their support from your parents; and
 - They will receive more than half of their support from your parents from July 1, 2025 to June 30, 2026.

The provided criteria for “dependent children” and “other persons” align with the requirement that family size align with whom your parent could claim as a dependent on a U.S. tax return if your parent were to file a U.S. tax return at the time of completing the 2025-2026 FAFSA. As a result, your parent should not include any unborn children in the family size.

LIST THE NAME OF EACH HOUSEHOLD MEMBER (INCLUDING YOURSELF)	AGE	RELATIONSHIP TO YOU	NAME OF COLLEGE <small>(if enrolled at least ½ time between July 2025-June 2026)</small>
		Self	Marine Trades Institute
		Parent	
		Parent/Stepparent	

You must complete all boxes for each household member, including yourself.
If more space is needed, attach a separate page with the student’s name and ID number at the top.

SECTION III – CHILD SUPPORT This section does not apply to me.

My parent(s) received child support in the last complete calendar year. Complete the following:

Name(s)/age(s) of child(ren) for whom it was received:	Name:	Age:	Name:	Age:
	Name:	Age:	Name:	Age:
Total amount of child support received in the last complete calendar year:			\$	

SECTION IV – FEDERAL BENEFITS None of these apply to me.

Someone in my parent’s household received the following Federal Benefits in 2023 and/or 2024. **Check all that apply.**

Food Stamps (SNAP) If yes, indicate which year(s) benefits were received: 2023 2024

SSI Free/Reduced School Lunch Temp. Assistance for Needy Families (TANF)

Medicaid Federal Housing Assistance Refundable Credit for Coverage under a Qualified Health Plan (QHP)

WIC Earned Income Credit (EIC) on Federal Income Tax Form

