



**2025-2026**  
**FAFSA Verification**  
**Family Size Form - Independent**

Bellarmino University  
 Office of Financial Aid  
 2001 Newburg Road  
 Louisville, KY 40205  
 Fax: 502-272-8486  
 Email: [finaid@bellarmine.edu](mailto:finaid@bellarmine.edu)

Please list below the people in the parents' household, defined as those for whom the parent provides over 50% financial support. Include all that apply:

- The student.
- The student's spouse, if applicable
- The student's dependent children if all the following are true:
  - They live with the student (or live apart because of college enrollment);
  - They receive more than half of their support from the student; and
  - They will continue to receive more than half their support from the students during the award year.
- Other persons if the following are true:
  - They live with the student;
  - They receive more than half of their support from the student; and
  - They will continue to receive more than half of their support from the student during the award year.

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

Full Name ( <i>First, Last, Suffix if applicable</i> )	Age	Relationship to Student	Name of college the person is/will be enrolled in, if applicable	Is/will be enrolled in at Least Half-Time? ( <i>YES or NO</i> )
		STUDENT	BELLARMINE UNIVERSITY	

**Certification and Signature**

Each person signing below certifies that all of the above information reported is complete and correct. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
 PRINT STUDENT'S NAME

\_\_\_\_\_  
 STUDENT'S ID NUMBER

\_\_\_\_\_  
 STUDENT'S SIGNATURE (Required)

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SPOUSE'S SIGNATURE (Optional)

\_\_\_\_\_  
 DATE