LANDER UNIVERSITY

Office of Financial Aid
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320 Stanley Avenue, Greenwood, SC 29649 | lander.edu/finaid | Email: finaid@lander.edu

2026-2027 Verification of Family Size

Student's Last Name **First** **MI** **Lander ID (L#)**

The Free Application for Federal Student Aid (FAFSA) Application you submitted was selected by the Department of Education for a review process called "verification". Please complete all sections in the table below:

Instructions for whom to include in "Family Size":

If you were required to provide your parent's information on the FAFSA (most LU students are), include:

- **You and your parent(s)** (including stepparent)
- Your parent(s)' other dependent children if they live with your parent(s) **and** your parent(s) provide more than half of their support and will continue to provide more than half their support from July 1, 2026, through June 30, 2027.
- Other people if they now live with your parent(s) **and** your parent(s) provide more than half of their support and will continue to provide more than half their support from July 1, 2026, through June 30, 2027.

If you were NOT required to provide your parent's information on the FAFSA, include:

- **You and your spouse (if married)**
- Your children if they live with you **and** you provide more than half of their support and will continue to provide more than half their support from July 1, 2026, through June 30, 2027.
- 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 their support from July 1, 2026, through June 30, 2027.

(Check here ___ if more than 6 in the family size and list additional family members on the back)

NOTE: Unborn children should not be included in the family size.

Family Size		
Full Name	**Age**	**Relationship**
		Self

By signing this worksheet, I/We certify that all the information reported is complete and accurate. I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. The student (and at least one parent **for dependent students**) must provide a signature. We do not accept electronic signatures

Student's Signature (R*equired, digital signature not accepted)* **Phone #** **Date**

Parent's Signature (R*equired, digital signature not accepted)* **Phone #** **Date**

DATA ENTRY	Financial Aid Office Use Only	COUNSELOR REVIEW	
RRAAREQ	xxFAMS = N - Pending Review Insert CNSLV = N – Pending Review	Complete Verf Review form	
Initials/date		CNSLR Initials/date	
Fwd to Counselor date			