



DAVENPORT UNIVERSITY

Institutional Verification Form

2024-2025

/ /

Student Last Name	Student First Name	M.I.	Date of Birth	Student ID
-------------------	--------------------	------	---------------	------------

Independent Students: Family Size - Includes the following: The **student** and the **student's spouse**, if applicable
The student's dependent children if 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 student 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 their support from the student during the award year.

Dependent Students: Family Size – Includes the following: The **student**, the **student's parents**, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.

The student's siblings if the following are true:

- They live with the student's parent (or live apart because of college enrollment);
- They receive more than half of their support from the student's parents; and
- They will continue to receive more than half their support from the student's parents during the award year.

Other persons if the following are true:

- They live with the student's parents;
- They receive more than half of their support from the student's parents; and
- They will continue to receive more than half their support from the student's parents during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the student/parent could claim as a dependent on a U.S. tax return if the student/parent were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the student/parent should not include any unborn children in the family size.

Full Name (First, Last)	Age	Relationship
		Self

By signing this statement, I certify that all the information reported on this document is complete and correct. *If more space is needed, provide a separate page with student's name and ID number at the top.*

Student's Hand-Signature	Date	Phone Number
--------------------------	------	--------------

Parent's Hand-Signature (Dependent Students Only)	Date	Phone Number
---	------	--------------

Submit forms and other financial aid paperwork via: <https://my.davenport.edu/financial-aid/financial-aid-document-upload> ;
 or Fax to 616-732-1141; or Mail to Davenport University, Attn: Financial Aid, 6191 Kraft Ave., Grand Rapids, MI 49512
 Office Use Only—FA-IVF