



Financial Aid Office  
2715 Dickinson St  
Miles City, MT 59301  
Phone: (406) 874-6208  
Fax: (406) 874-6283

## 2026-2027 MCC Family Size Verification Worksheet

Name: \_\_\_\_\_ MCC ID#: M14

E-Mail: \_\_\_\_\_ Phone#: \_\_\_\_\_

You have been selected for a process called "Verification." In this process, we are required to compare the information from your FAFSA with the information provided on this form and your IRS tax information. Complete all questions and submit the completed form to the Financial Aid Office.

**Note:** Aid cannot be disbursed until the requested documentation is received and reviewed.

What we need from you:

- This completed worksheet; must be signed by student (and parent, if student is dependent).
- Any other requested documents listed on Banner Self Service.

Verification of Family Size Information: (Check applicable option below)

**Dependent Students:** *Family Size, includes the following:*

- a) **Yourself (student)**
- b) **Your parent(s)**, even if you (student) aren't living with them. Exclude a parent who has died or is not living in the household due to separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- c) **Your siblings**, if the following are true: they live with your parent(s) (or live apart because of college enrollment), they receive more than half of their support from your parent(s), and they will continue to receive more than half their support from your parent(s) during the aid year.
- d) **Other people** 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 of their support during the aid year.

**Independent Students:** *Family Size – Includes the following:*

- a) **Yourself (student)**
- b) **Your spouse**, if applicable
- c) **Your dependent children**, if the following are true: they live with you (or live apart because of college enrollment, receive more than half of their support from you; they will continue to receive more than half their support from you during the aid year.
- d) **Other people** if the following are true: they live with you, and you provide more than half of their support and will continue to provide more than half of their support during the aid year.

Full Name	Age	Relationship
		Self

By signing this worksheet, you certify that the information reported is complete and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if applicable)

\_\_\_\_\_  
Date