



2024-2025 Verification of Family Members for an Independent Student FAM-I

Please complete, sign and return to the Evergreen Financial Aid Office as soon as possible.

Full Name: _____ Phone: _____ Evergreen ID: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

List below the people in your household. Include:

- Yourself and your spouse if married.
- Your children if you will provide more than half of their support from July 1, 2024, through June 30, 2025, or if your children would be required to provide your information if they were completing a FAFSA for 2024-2025.
- Other people if they live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

Your Name:	Date of Birth	College Attending in 2024-2025

Spouse's Name	College Attending in 2024-2025

Other family members in household (see details above) If more space is needed, attach a separate page.

Full Name	Date of Birth	Relationship to student	College Attending in 2024-2025

I certify that all of the information on this form is true and complete to the best of my knowledge.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Office of Financial Aid