

Questions about how to complete this form?

Call 217-786-2237 or 800-727-4161.

Text 217-786-2237.

[www.llcc.edu/financial-aid](http://www.llcc.edu/financial-aid)

Return completed form to:

LLCC Financial Aid  
5250 Shepherd Road  
Springfield, IL 62794-9256

[financial.aid@llcc.edu](mailto:financial.aid@llcc.edu)  
*Electronic forms only accepted from LLCC email addresses.*

217-786-2229 fax

## 2025-2026 STUDENT FAMILY SIZE VERIFICATION FORM

### Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH
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### Instructions for Independent Students

We are conducting a verification of the number of people you reported in your household. Federal law states that we have the right to ask you for this information before awarding federal aid. If there are differences between your application information and this document, our office may need to make corrections to your FAFSA.

In order to avoid delaying your financial aid determination, this completed verification form should be submitted as soon as possible.

List the people in your household. Include:

- Yourself
- Your spouse, if you are married
- Your children, if you will provide more than half their support from July 1, 2025, through June 30, 2026. Do not include unborn children.
- Other people, if they now live with you and you provide more than half of their support and will continue to do so from July 1, 2025, through June 30, 2026. (Please complete the Other Member of Household Verification Form for other people listed on this form.) You may be asked to provide additional documentation. The form can be found at [www.llcc.edu/financial-aid-forms](http://www.llcc.edu/financial-aid-forms).

### Household Information

NAME	AGE	RELATIONSHIP
		SELF

### Certification and Signature

By signing this form, I certify that all the information reported on this form is complete and correct.

**WARNING: If you purposely give false or misleading information on this form, you may be fined and/or sentenced to jail.**

STUDENT SIGNATURE ( <b>REQUIRED – Sign printed form.</b> )	DATE
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