

**FORM CHSIZE - IDAHO STATE UNIVERSITY
REQUEST TO CORRECT FAMILY SIZE**

24-25

CHSIZE-25

The household size of a student or a dependent student's parent is determined at the time the [FAFSA](#) form is filed. The number of family members and family members in college can be corrected if the initial FAFSA was not accurate.

Office of Financial Aid, Idaho State University, Museum Building, Third Floor
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu
Scan and Upload: isu.edu/financialaid/upload

University Place, Bennion Student Union Building, Student Services Office
1784 Science Center Dr, Idaho Falls, ID 83402 Phone: (208)282-7704

*Student Name: _____
(Use blue or black ink) Last First M.I.

*ISU ID: _____ *Last 4 Digits of Social Security #: _____
(Find on [MyISU](#)) *Required

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

Please attach an explanation on why you believe the persons listed below should be counted.

NAMES OF HOUSEHOLD MEMBERS ORIGINALLY INCLUDED WHEN FAFSA WAS FILED

| | Full Name | Age* | Relationship |
|----|-----------|-------|----------------------|
| 1. | _____ | _____ | Self or son/daughter |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |

ADDITIONAL FAMILY MEMBERS TO BE INCLUDED IN THE HOUSEHOLD

| | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

Remember to attach an explanation as to why you believe your household size or number in college should be corrected. Return this completed form with attachment(s) to the address above.

*If child is less than one (1) year old, list age in months. Do not leave blank. Do not enter 0.

CERTIFICATION: Each person signing below certifies that all of the information reported is complete and correct.

(The independent student or the student & parent, if a dependent student, is required to sign this certification. If parents are divorced or separated, the parent who originally provided information on the [FAFSA](#) is required to sign.)

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

*Student Signature: _____ Date: _____

*Parent Signature: (dependent student only) _____ Date: _____

Typed signature not accepted