



Section A. Student Information

Student name (print clearly) _____

COCC ID number _____

Section B. Family Information

Write names, ages and there relationship to you of each family member for the 2024-25 aid year (July 1, 2024 and June 30, 2025). If you need more space, attach a separate page.

Family size includes the following:

- Yourself.
- Your parents, even if you do not live with them. Exclude a parent who had 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.
- Your sibling if the following are true:
 - They live with the parents or live apart because of college enrollment;
 - They receive more than half of their support from the parents; and
 - They will continue to receive more than half their support from the parents you during the award year (July 1, 2024 through June 30, 2025).
- Other persons if the following are true:
 - They live with the parents;
 - They receive more than half of their support from the parent; and
 - They will continue to receive **more half of their support from the parents** during the award year (July 1, 2024 through June 30, 2025).

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 2024-25 FAFSA. As a result you should not include any unborn children in the family size.

Full Name	Age	Relationship
		Self
		Parent or Step-parent (please circle one)
		Parent or Step-parent (please circle one)

Section C. Certification and Signature

By signing this form, I certify the information reported is true and accurate. Adobe or signature type fonts cannot be accepted.

Student signature (required) _____

Date _____

Spouse signature (required) _____

Date _____

Financial Aid Office
541.383.7260 • fax: 541.383.7506
2600 NW College Way, Bend, Oregon 97703
www.cocc.edu/financial-aid • e-mail: coccfinaid@cocc.edu

Reviewer use only	FSZD25
Sequence	_____
Date	_____