

227 West 27<sup>th</sup> Street New York, NY 10001-5992 Room A212A

**Financial Aid Services** Tel. (212) 217-3560 Fax. (212) 217-3561 fitnyc.edu/fadocsupload

## **Family Size Form Dependent Student** 2025-2026

## PLEASE PRINT CLEARLY

Yourself (Your Name)

List your Parent(s). If your parent is remarried include step-parent (If divorced/separated only include the parent who provided the most financial support in the 12 months prior to filing your FAFSA).

Parent(s) Name

Relationship

FIT ID # \_@

List your siblings, only if your parents will provide more than 50% of their financial support between July 1, 2024, and June 30, 2025, even if they live apart from the parents due to a qualifying temporary absence under IRS code, such as due to college enrollment.

Sibling(s) Name	Age	Relationship

Other people if they are living with your parents AND your parents will provide more than 50% of their financial support between July 1, 2024 and June 30, 2025.

Name	Age	Relationship	
<b>Student</b> (Typed signatures are not accepted.)		Date	
<b>Parent</b> (Typed signatures are not accepted.)		Date	

**Parent** (Typed signatures are not accepted.)

All documents must be uploaded to the "Financial Aid Document Upload" link on the FIT portal Myfit.fitnyc.edu. For directions on how to upload documents to this link go to fitnyc.edu/fadocsupload