

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 Independent Student 2025-2026

PLEASE PRINT CLEARLY

Yourself (Your Name) \_\_\_\_\_

FIT ID # \_@\_\_\_\_\_

Your Spouse's Name (if you are married)

List you and your spouse's dependent children **if you 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.

Name	Age	Relationship

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

Name	Age	Relationship
	_	
Student (Typed signatures are not accepted.)		Date
<b>Spouse</b> (Typed signatures are not accepted.)		Date
<b>Shouse</b> (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 <u>fitnyc.edu/fadocsupload</u>