

INDIANA TECH
1600 E. Washington Blvd.
Fort Wayne, IN 46803
Fax # 260-422-1578
Email: FinancialAid@IndianaTech.edu

Name: _____ ID: _____

Number of Family Members

The number of family members that you have reported on the FAFSA and on the Verification Worksheet is inconsistent. Your financial aid **CANNOT** be finalized for the 2024-2025 academic year without verifying your correct household size. Please contact our office at 800-937-2448 ext. 2334 with any questions.

Return this form immediately to prevent a delay in processing your aid!

This is what you reported on the **FAFSA**:

Number in household: _____

Number in college: _____

This is what you reported on the **Verification Worksheet**:

Number in household: _____

Number in college: _____

Please complete the following information so that we can make any necessary changes on your FAFSA. Write the names of all household members, ages, relationship, and college they will attend. Include only those individuals who receive more than half of their support through you (independent students) or by your parents (dependent students) during the period from July 1, 2024, through June 30, 2025.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>College if attending</u>
_____	_____	<u>self</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By my signature, I authorize Indiana Institute of Technology to make the corrections indicated above on my 2024-2025 FAFSA.

Student Signature _____

Date _____

Parent Signature _____

(physical signature required)

Date _____