

**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 2025-2026 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, 2025, through June 30, 2026.

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

By my signature, I authorize Indiana Institute of Technology to make the corrections indicated above on my 2025-2026 FAFSA.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

*(physical signature required)*

Date \_\_\_\_\_