



Section A. Student Information

Student name (print clearly)

COCC ID number

Section B. Family Information

Write names, ages and the relationship to you of each family member for the 2025-26 aid year. Aid year is defined as July 1, 2025 through June 30, 2026.

Family size includes the following:

- Yourself.
- Spouse, if applicable.
- Dependent children if all the following are true:
 - They live with you or apart because of a temporary absence (i.e.: college enrollment or military);
 - They receive more than half of their support from you; and
 - They will continue to receive more than half their support from you during the aid year.
- Other persons if the following are true:
 - They live with you;
 - They receive more than half of their support from you; and
 - They will continue to receive more than half of their support from you during the aid year.

Family size excludes: the provided criteria for “dependent children” or “other persons” mirror 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 2025-26 FAFSA®. As a result you should not include any unborn children in the family size.

Full Name	Age	Relationship
		Self

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

Date

Spouse signature (optional)

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 FSZI26

Sequence _____

Date _____

Initial _____