



## 2025-2026 Family Information

Office of Financial Aid & Scholarships  
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Harrisonburg, VA 22807  
Phone: 540-568-7820  
Secure Fax: 540-568-7994  
Email: verification@jmu.edu

### SUBMIT DOCUMENTS THROUGH THE SECURE UPLOAD LINK

#### A. Student Information

Last Name	First Name	M.I.	JMU Student ID Number
Home Address (include apt. no.)			Date of Birth
City	State	Zip Code	Social Security Number

#### B. Family Information

List in the table below the following family members living in your household that are provided more than 50% of their support from your parents/parents household:

- **Student**
- **Parent(s)** (including a step-parent). In the case of a divorced parent, please list the parent that you lived with more than 50% of the time 12 months prior to the date you filed your FAFSA.
- **Siblings** if the parent(s) will provide more than half of the child's support from July 1, 2025, through June 30, 2026. Do not include foster children.
- Age and Relationship of all household members.

Full Name:	Relationship:	Age:
Martha Jones (example)	Self	19

#### C. Sign this Worksheet

By signing this worksheet, each person certifies that all the information reported on this form is complete and correct.

**We do not accept electronically typed signatures.**

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

Parent / Step-parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.