

2015-2016 Verification of Household Size / Number in College

Independent Student

Your FAFSA or California Dream Act Application has been selected for verification. In the process of reviewing your verification documents, we have identified some items that need clarification. **Using black ink**, please complete the chart below including the people in your household that you or your spouse (if married) support.

STUDENT'S INFORMATION

LAST NAME	FIRST NAME	SSN or ID NUMBER
ADDRESS, CITY, STATE, ZIP		DOB
EMAIL ADDRESS		PHONE NUMBER

INSTRUCTIONS:

1. List yourself and your spouse (if married)
2. Your children, if you will provide more than half of their financial support from July 1, 2015 through June 30, 2016 **OR** if the child would be required to provide your information if they were to complete a FAFSA for 2015-2016. *Include children who meet either of these standards, even if they do not live with you*
3. Other people currently living with you for whom you currently provide and will continue to provide more than half of their financial support from July 1, 2015 to June 30, 2016

PLEASE NOTE: Do not list children for whom you or your spouse (if married) pays child support if that child support is reported on the FAFSA

Full Name	Age	Relationship to Student	Name of College <i>(if not applicable, leave blank)</i>	Will be enrolled at least half-time? <i>(Yes or No)</i>	Lives with you? <i>(Yes or No)</i>
		Self			Yes

Signature:
 I certify that all information reported on this form is complete and correct. I understand that if I purposely give false or misleading information on this form, I may be fined, sentenced to jail, or both.

STUDENT SIGNATURE	DATE
SPOUSE'S SIGNATURE (OPTIONAL)	DATE