

2018-2019 Household Size Verification Form - Independent

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 that you or your spouse (if married) support in your household.

STUDENT'S INFORMATION

LAST NAME	FIRST NAME	SSN or ID NUMBER		
ADDRESS	CITY	STATE	ZIP	DATE OF BIRTH
EMAIL ADDRESS			(AREA CODE)-PHONE NUMBER	

INSTRUCTIONS:

1. List yourself and your spouse (if married)
2. List your children, if you will provide more than half of their financial support from July 1, 2018 through June 30, 2019 **OR** if the child would be required to provide your information if they were to complete a FAFSA or CA Dream Act Application for 2018-2019. *Include children who meet either of these standards, even if they do not live with you*
3. List other people now living with you for whom you provide and will continue to provide more than half of their financial support from July 1, 2018 to June 30, 2019

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 application.

Full Name	Age	Relationship to Student	Name of College / Student ID# <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