



MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

2019-2020 HOUSEHOLD SIZE VERIFICATION FORM - DEPENDENT

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 parent(s) household that your parent(s) support.

STUDENT'S INFORMATION

LAST NAME

FIRST NAME

SSN or ID NUMBER

ADDRESS, CITY, STATE, ZIP

DOB

EMAIL ADDRESS

PHONE NUMBER

INSTRUCTIONS:

- List yourself
- List the parent(s) you live with (include step-parent) OR if not living at home, the parent(s) whose information was used when completing the FAFSA or CA Dream Act Application
- List your parents' other children if:
Your parent(s) will provide more than half of their support between July 1, 2019 and June 30, 2020
OR other children who would be required to provide parental information if they were completing a FAFSA or CA Dream Act App. for 2019-2020
- List other people now living with your parent(s) for whom your parent(s) provide and will continue to provide more than half of their financial support from July 1, 2019 to June 30, 2020

PLEASE NOTE: Do not list children for whom your parent(s) or step-parent 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 your parent? <i>(Yes or No)</i>
		Self		Yes	

Signatures:

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

PARENT SIGNATURE

DATE