

## 2015-2016 Verification of Household Size / Number in College

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

STU	DENT'S	INFORMATION
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LAST NAME	FIRST NAME	SSN or ID NUMBER
ADDRESS, CITY, STATE, ZIP		DOB
EMAIL ADDRESS		PHONE NUMBER

1. List yourself

2. List the parent(s) you live with (include step-parent) OR if not living at home, the parent(s) whose information was used when filing your FAFSA

3. Your parents' other children if:

Your parent(s) will provide more than half of their support between July 1, 2015 and June 30, 2016

OR other children who would be required to provide parental information if they were completing a FAFSA for 2015-2016

4. Other people currently living with your parent(s) for whom your parent(s) currently provide and will continue to provide more than half of their
financial support from July 1, 2015 to June 30, 2016

PLEASE NOTE: <u>Do not</u> list children for whom your parent(s) or step-parent pays child support if that child support is reported on the FAFSA.

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

## 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