



Financial Aid Office
 5150 N. Maple Avenue, M/S JA 64
 Fresno, CA 93740-8026
 Phone: (559) 278-2182 Fax: (559) 278-4833

Dependent Student Household Size Verification

STUDENT ID	LAST NAME	FIRST NAME	PHONE NUMBER (with area code)
PLEASE PRINT IN BLACK INK			

List the people in your parent’s household, include:

- yourself
- your parent(s) (including stepparent), even if you do not live with them
- your parents’ other children, even if they do not live with your parents if:
 - a. if your parents will provide more than half of their support from July 1, 2009 through June 30, 2010 or
 - b. the children would be required to provide parental information when applying for Federal Student Aid
- other people if they now live with your parents, your parents provide more than half of their support and your parents **will continue** to provide more than half of their support from July 1, 2009 through June 30, 2010.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), only if they will attend, at least half time in 2009-2010, a program that leads to a college degree or certificate.

Full Name	Age	Relationship	College, for at least ½ time	CSU Fresno Student ID or Date of Birth
EXAMPLE: Missy Jones	20	Sister	Central University	
1.		Self	CSU Fresno	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

**List additional household members on a separate sheet of paper.*

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By signing this worksheet, I certify that all the information reported on it is complete and correct.

Parent Date

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