



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

Household Information for Independent Status

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

List the people in your household, include:

- yourself
- your spouse, if you have one
- your children, if you and your spouse will provide more than half of their support from July 1, 2009 through June 30, 2010
- other people if they live with you and your spouse now and you and your spouse will provide more than half of their support and 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), who will be attending college at least half time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree, diploma, or certificate program.

Full Name	Age	Relationship	College, for at least ½ time	CSU Fresno Student ID Or Date of Birth
EXAMPLE: <i>Missy Jones</i>	<i>20</i>	<i>Sister</i>	<i>Central University</i>	
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.

Student _____

Date _____

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