



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

Independent 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 household, include:

- yourself
- your spouse, if you have one
- your children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010
- other people if they now live with you, you 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 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.

Student

Date

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