2011-2012 **FORM 5 FVERHD**

FRESNO STATE
California State University, Fresno

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, and
- your parent(s) (including step-parent), even if you do not live with them, and
- your parents' other children, even if they do not live with your parents if:
  - **a.** your parents will provide more than half of their support from July 1, 2011 through June 30, 2012 or
  - **b.** the children would be required to provide parental information when applying for Federal Student Aid
- other people if they live with your parent(s) now and your parent(s) will provide more than half of their support and **will continue** to provide more than half of their support from July 1, 2011 through June 30, 2012.

Write the names of all household members in the space(s) below.
Write in the name of the college for any other household member, except for your parent(s), who will be attending at least ½ time between July 1, 2011 and June 30, 2012 and will be enrolled in a degree, diploma, or certificate program

Full Name	Age	Relationship to Student	College, if attending at least ½ time	CSUF 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.				

List additional household members on a separate sheet of paper.

At the start of the ☐ **FALL 2011** ☐ **SPRING 2012 semester, the student will be living:**

☐ With parent(s) ☐ On Campus ☐ Off Campus

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

Parent Date

Student Date

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