PARENT HOUSEHOLD SIZE AND NUMBER IN COLLEGE VERIFICATION

As the parent(s) of a dependent student you must complete this verification application and submit it to the Financial Aid Office as soon as possible, to avoid processing delays.

List the names of the members of your household, along with their age and relationship to the student below. Your household consists of:

- Each of the legal parents in the household
- The student even if the student does not live with you
- Other children that receive more than half of their support from July 1, 2015, through June 30, 2016, or if they would be required to provide parental information if they were completing a financial aid application for 2015-2016. Include children who meet either of these standards even if they do not live in the household
- Other people if they now live in the household, and they receive more than half of their support and will continue to do so through June 30, 2016

Also, write in the name of the college for any household member, excluding you the parent(s), who will be attending college at least half time between July 1, 2015 and June 30, 2016 and enrolled in a degree, diploma, or certificate program.

Use a separate page with the student’s name and Sac State ID at the top if more space is needed.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College Name</th>
<th>Sac State ID# (if Attending)</th>
<th>Will Be Enrolled at Least Half-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Martha Jones</td>
<td>24</td>
<td>Self</td>
<td>Sac State</td>
<td>123456789</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Note: We may require additional documentation if we have reason to believe the information is inaccurate.

Certification Statement

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the financial aid application must sign and date.

Student Signature ______________________ Date __________

Parent Signature ______________________ Date __________