



**Fresno City College
Financial Aid Office**
1101 E University Ave
Fresno, CA 93741
Phone: (559) 442-8245
FAX: (559) 499-6024

**2020-2021
#15 Parent Household Size**

You were selected for a review process called verification. Information on this form will be used to verify the accuracy of the information reported on the FAFSA. Please complete the entire worksheet in **blue or black ink**. Incomplete worksheets will not be accepted.

Student Name: _____ **Student ID #:** _____

Complete both Step 1 (number in household) and Step 2 (number in college).

Step 1: List *all* members in your parents' household. This should include:

- Yourself
- Your parents
- Your parents' other children, if your parents will provide more than half of their support between July 1, 2020 and June 30, 2021 **or** if their children would be required to provide parent information if they were to file a 20-21 FAFSA. (Include children who meet either of these standards, even if the child does not live with your parents.)
- Other individuals may be included in your parents' household **if**
 - They live with your parents **now** and your parents provide more than half of their support **and**
 - They **will continue** to live with you and your parents will continue to provide more than half of their support between July 1, 2020 and June 30, 2021.

Step 2: List college name for any member in your household who is, or will be, enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary institution any time between July 1, 2020 and June 30, 2021. Include the name of the college they will be attending. If your household member does not attend college leave this column blank.

| Full Name | Age | Relationship to Student | Name of College, if enrolled at least half time |
|-----------|-----|-------------------------|---|
| | | Self | Fresno City College |
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CERTIFICATION STATEMENT

I/we certify that the information reported is true and correct. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I understand that if I purposely give false or misleading information, I could be fined, jailed, or both. **Digital and/or typed signatures are not acceptable.**

Student Signature

Date

Parent Signature

Date