



# California State University SAN MARCOS

Financial Aid and Scholarships Office Tel: 760.750.4850 Fax: 760.750.3047 [www.csusm.edu/finaid](http://www.csusm.edu/finaid)

## 2016-17 DEPENDENT HOUSEHOLD VERIFICATION

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Your 2016-2017 Free application for Federal Student Aid (FAFSA) was selected for a process called "Verification". CSUSM is required to confirm the information you and your parent(s) reported on your FAFSA. Accurate completion of this form is required in order to continue processing your 2016-2017 financial aid application.

### Was your Parent's information required on the FAFSA:

YES:	NO:
<ul style="list-style-type: none"><li>➤ List yourself.</li><li>➤ List the parent(s) you live with (include step-parent) OR if not living at home, the parent(s) whose information was used when filing your FAFSA.</li><li>➤ Other people currently living with your parent(s) for whom your parent(s) currently provide and will continue to provide more than half of their financial support from July 1, 2016 to June 30, 2017.</li></ul>	<ul style="list-style-type: none"><li>➤ You are considered to be an independent student for FAFSA verification purposes. Please complete and submit the Verification of Household Size/ Number in College-Independent Student.</li></ul>

Full Name	Age	Born before Jan1, 1993?	Relationship to Student	Name of College (include city and state)	Will be enrolled at least halftime
			SELF (the student)	CSUSM, San Marcos, CA	

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_