

California State University

## SAN MARCOS

Financial Aid and Scholarships Office Tel: 760.750.4850 Fax: 760.750.3047 www.csusm.edu/finaid

## 2016-17 INDEPENDENT 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 verify and process your 2015-2016 financial aid application.

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

YES:	NO:
You are considered to be a dependent student for FAFSA verification purposes. Please complete and submit the	<ul> <li>List yourself and your spouse if married.</li> <li>Other people currently living with you for whom you currently</li> </ul>
Verification of Household Size/Number in College-Dependent Student Form.	provide and will continue to provide more than half of their financial support from July 1, 2016 to June 30, 2017.

Full Name	Age	Born before Jan1, 1993? ( Yes or No)	Relationship to Student	Name of College (include city and state)	Will be enrolled at least halftime (yes or no)
			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\_\_\_\_\_

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