2023-2024 PARENT HOUSEHOLD SIZE

Clovis Community College

Phone**:** (559) 325-5239   Fax: (559) 499-6063   Address: 10309 N. Willow Ave. Fresno, CA 93730   Email: clovis.financialaid@scccd.edu

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: _____ ID # :_____

PARENT HOUSEHOLD SIZE AND NUMBER IN COLLEGE VERIFICATION

Step 1: **Number of Household Members:** List members in your parents' household.

- You and your parents (including stepparent)
- Your parents' other children, if
    1. Your parents will provide more than half of their support between July 1, 2023, and June 30, 2024
    2. Or the children would be required to provide parent information if they were to file a Financial Aid Application
    3. Include children who meet either of these standards, even if the child does not live with the 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 your parents and your parents will continue to provide more than half of their support between July 1, 2023, through June 30, 2024

Step 2: **Number in College:** Include information about any household member below 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, 2023, and June 30, 2024. Include the name of the college they will be attending.

Full Name	Age	Relationship to Student	Name of College, if enrolled at least half time
		Self	Clovis Community College

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**