California State University, Sacramento
Student Services Center
Financial Aid & Scholarships Office
Lassen Hall
6000 J Street, Sacramento, CA 95819-6044
Phone: (916) 278-1000

Print Name:

Sac State ID #:

PARENT HOUSEHOLD SIZE AND NUMBER IN COLLEGE VERIFICATION

In the box below, list ALL members in your parents' household who meet the following requirement. Complete the college section for those attending college.

❖ **Whom to list in the Household:**

1. You (the student) and your parents (including biological and/or stepparent)

Full Name	Age	Relationship To Student

2. Your parents' other children, if they meet the following:

- Your parents will provide more than half of their support between July 1, 2022, and June 30, 2023 **OR** the children would be required to provide parent information if they were to file a Financial Aid Application

- Include children who meet either of these standards, even if the child does not live with the parents

3. Other individuals may be included in your parents' household if they meet the following:

- 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, 2022, through June 30, 2023.

❖ **Include college information:**
Include college 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, 2022, and June 30, 2023.

Full Name	Age	Relationship To Student	College Name (list full name of college) If Attending	Enrolled at Least Half-Time	Sac State ID# If Attending

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. (Typed signature is not acceptable)

_____   _____
Student Signature   **Date**

_____   _____
Parent Signature   **Date**

Rev. 11/9/21

Once completed upload financial aid documents at
https://onbase.csus.edu/unity/forms/faupload.aspx

PHSHD - 22/23