



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. The parent(s) you live with or who were listed on the financial aid application
2. Your parents' children, other than yourself, if they meet the following:
 - Your parents will provide more than half of their support between July 1, 2023, and June 30, 2024 **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, 2023, through June 30, 2024.

❖ **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, 2023, and June 30, 2024.

Full Name	Age	Relationship To Student	College Name (list full name) If Attending	Enrolled at Least Half-Time Yes / No	Sac State ID# (If Attending)
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	

Attach additional pages if more space is needed.

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

Once completed upload financial aid documents at
<https://onbaseform.csus.edu/obforms/eforms/STDAF/DocumentSubmission/finaidupload.aspx>