



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 FAMILY SIZE VERIFICATION

The Financial Aid & Scholarships Office is required to verify your family size.

The criteria for "dependent children" or "other persons" to be included as family size align with whom the parent(s) could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the parent should not include any unborn children in the family size

❖ **Family Size Includes:**

1. The parent(s) the student lives with or who were listed on the financial aid application
2. The parents' children, including the student, if the following are true:
 - The parent(s) will provide more than half of their support between July 1, 2024, and June 30, 2025 **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, 2024, through June 30, 2025.

❖ **Include college information:**

List the names below of all family members who meet the criteria above. Also, write in the name of the college for anyone listed who will be attending college at least half-time between July 1, 2024 through June 30, 2025 and enrolled in a degree, diploma, or certificate program.

Full Name	Age	Relationship To Student	College Name (list full name) If Attending (List N/A if it does not apply)	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"/>	

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>