

## 2016-2017 HOUSEHOLD SIZE CONFIRMATION - INDEPENDENT STUDENT

<b>RETURN TO:</b> CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201 <b>FAX: (805) 756-7243</b> <b>EMAIL: financialaid@calpoly.edu</b>	Student Last Name:
	Student First Name:
	Phone #: <span style="float: right;">EMPL ID#:</span>

**IMPORTANT: Submit as soon as possible.** Aid will not disburse until all items are submitted and reviewed. Once all items are submitted, allow 3-6 weeks for review. If awarded FWS, SEOG, or Perkins, documents must be submitted no later than June 30, 2016 to avoid potential cancelation of those funds. In all circumstances, for any aid, documents must be submitted prior to the last day of a student's enrollment at Cal Poly.

The Department of Education has selected your FAFSA for review in a process called Verification. In this process we will be comparing information from your FAFSA with information we are collecting on this form. **Please read instructions carefully as failure to complete this form accurately will delay aid disbursement.**

***For Office Use Only***

  
  
  

*Initials* \_\_\_\_\_

**PLEASE COMPLETE THIS INFORMATION ABOUT YOUR FAMILY HOUSEHOLD SIZE:**

Include the people you (and your spouse) will support between July 1, 2016 and June 30, 2017.

**Include:**

1. **Yourself** (complete age/date of birth on the first line),
2. **Your spouse**, and
3. **Your dependent children** (if you provide more than half their support, or if they are required to give parent information when applying for federal aid).
4. **Include other people only if they:**  
 lived with and received more than half their support from you (or your spouse) at the time you completed your application **and** will continue to get this support between July 1, 2016 and June 30, 2017.

Full Name:	Age/Date of Birth	Relationship:	Name of College currently attending: (1/2 time or more 2016-2017)
You/Student		Self	Cal Poly San Luis Obispo
		Spouse	

If you need more space, please continue on the back of this page.

**SIGN and DATE:**

I certify that all information reported on this form and any attachment is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

\_\_\_\_\_  
 Student Signature (Required. No electronic signature.)

\_\_\_\_\_  
 Date