

2016-2017 OTHER DEPENDENT(S)

RETURN TO:

CAL POLY
 FINANCIAL AID OFFICE
 SAN LUIS OBISPO, CA 93407-0201
FAX: (805) 756-7243
EMAIL: financialaid@calpoly.edu

Student Last Name:

Student First Name:

Phone #:

EMPL ID#:

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.

For Office Use Only

You have included someone outside the student's immediate family (e.g. grandparents, niece, etc.) on your Household Size Confirmation Form. We need you to confirm they meet the following "other dependent" federal definition:

Include other people only if *they live with* and receive *more than half* their support from you (independent students) or parent(s) (dependent students) **and** will continue to live with and receive this support between July 1, 2016 and June 30, 2017.

Initials _____

Full Name of Other Dependent:	Age / Relationship:	Name of College: <small>(1/2 time or more 2016-2017)</small>
<i>Example: Jane Smith</i>	<i>88 / grandmother</i>	<i>n/a</i>

Explanation:

Example: grandmother lives with us because we care for her and provide her room and board.

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

 Parent Signature (No electronic signature.) Date
 (Required for Dependent Students only)