



2024-2025 HOUSEHOLD SIZE VERIFICATION FORM

You have been selected by the Federal Government for verification of your household size. Please complete the reverse side of this form, provide all required signatures and return it to the CCC Student Financial Services Office. Additional information may be requested.

Please follow these instructions when completing your Household Size form.

Independent Student: List the people in your household that live with you and receive more than half of their support from you; include

- yourself
- your spouse, if married
- your unmarried partner if living together
- your children, if you will provide more than half of their support from July 1, 2024 through June 30, 2025
- any other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025

Dependent Student: List the people in your parent's household that receive more than half of their support from them; include

- yourself
- your parent(s), include step parent(s)
- if the legal parent whose information you reported on the FAFSA is remarried, stepparent information should be included on this form and on your FAFSA
- your non-custodial parent only if they live in your household
- your parents' other children, if your parents will provide more than half of their support between July 1, 2024 through June 30, 2025
- any other people if they now live with your parents, and your parents will provide more than half of their support and will continue to provide more than half of their support between July 1, 2024 through June 30, 2025

Complete the information on the reverse side



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Student's Printed Name _____

C # _____

Complete the box below. List yourself first and include everyone in your household as described in the instructions on the reverse side of this form.

DO NOT LEAVE ANY COLUMNS BLANK!

Full Name	Age	Relationship to Student
<i>Example: Cathy Money</i>	<i>24</i>	<i>Self</i>
		Self

Certification

I certify that the above information is true and complete. I understand that failure to accurately report information may jeopardize my eligibility for financial aid. I also understand that the U.S. Department of Education has the authority to verify information reported on the FAFSA with the Internal Revenue Service and other federal agencies. I understand that giving false or misleading information may lead to fines up to \$20,000, prison or both.

Student Signature _____ Date _____

Dependent Students only:

Parent Printed Name: _____

Parent Signature _____ Date _____