

Financial Aid Office 1801 East Cotati Avenue Rohnert Park, CA 94928

finaid@sonoma.edu sonoma.edu/finaid

Telephone: (707) 664-2389 Fax: (707) 664-4242

2021-22 Dependent Household Size Verification Form

Student Name			SSU I.D.	
nstructions:				
n the table below, list the members of your pa ou provided on your financial aid applicat		ehold. Report this	information for the parent(s) w	hose information
or this purpose, the household includes:				
1) Yourself AND 2) the parent(s) wh	ose informa	ation was provided	on your financial aid application,	AND
3) Other children of the parent(s) wh will provide more than half of their s required to provide parental informat your parent(s) must explain their s	support from tion when a	n July 1, 2021 throu pplying for federal o	gh June 30, 2022, or (b) the child or state financial aid. For anyone	ren would be
4) Other people who NOW live with your parent(s) provide — and will coanyone in this category, your parent	ontinue to pi	ovide — more than	half of their support through Jun	e 30, 2022. For
f a household member will be attending colle 021 and June 30, 2022, be sure to include the able.				
f you need more space, list additional househ	old member	rs on the Addendum	on page 2 of this form.	
Name	Age	Relationship to You	Name of college, if attending 2021-2022	Attending at least half-time?
		SELF		
Sign this Statement Each person signing this form certifies that a one parent must sign and date this form.	all the infor	mation reported on	it is complete and correct. The stu	udent and at least

Date

Parent Signature

Phone number



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2021-22 Addendum to Dependent Household Size Verification Form

Student Name		SSU I.D.			
Instructions:					
Your parent(s) must explain their support of any of their children age 23 or older and of anyone who is not their child (regardless of age) in the space below. Include the date of birth for children who are currently age 23.					
Also, if you need additional space to list household members, use the space below. Be sure to include all information in the table from page 1 for each person.					
Sign this Statement Each person signing this form certifies that all the information reported on it is complete and correct. The student and at least one parent must sign and date this form.					
Student Signature	Date	Phone number			
Parent Signature	Date	Phone number			