

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

www.sonoma.edu/finaid

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

2019-20 Dependent Household Size Verification Form

Student Name				SSU I.D.	
Instructions:					
	ist the members of your pa our financial aid applicati		ehold. Report this	information for the parent(s) w	whose information
For this purpose, the	household includes:				
1) Yourself	f AND 2) the parent(s) who	ose informa	ation was provided	on your financial aid application,	AND
will provide required to	e more than half of their su provide parental informati	ipport from on when a	n July 1, 2019 throu pplying for federal of	on your financial aid application igh June 30, 2020, or (b) the child or state financial aid. For anyone page 2 of this form; AND	lren would be
your parent	t(s) provide — and will con	ntinue to pi	rovide — more than	n was provided on your financial half of their support through Junort on the Addendum on page 2	ne 30, 2020. For
				e, diploma, or certificate program obreviate) and write "Yes" in the l	
If you need more spa	ace, list additional househo	old member	rs on the Addendum	on page 2 of this form.	
	Name	Age	Relationship to You	Name of college, if attending	Attending at least
			to rou	2019-2020	half-time?
			SELF	2019-2020	half-time?
				2019-2020	half-time?
				2019-2020	half-time?
				2019-2020	half-time?
				2019-2020	half-time?
				2019-2020	half-time?
one parent must si		ll the infor	SELF mation reported on	it is complete and correct. The str	udent and at least
Each person signing	ng this form certifies that a	ll the infor	SELF		udent and at least

Date

Parent Signature

Phone number



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2019-20 Addendum to Dependent Household Size Verification Form

Student Name		SSU I.D.			
Instructions:					
	explain their support of any of their children age 23 elow. Include the date of birth for children who a	or older and of anyone who is not their child (regardless are currently age 23.			
Also, if you need add from page 1 for each		ace below. Be sure to include all information in the table			
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			