## Verification of Household Size

If you are a **Dependent student** on the California Dream Application, list the people in your household including:

- Yourself and your parent(s) (including stepparent) even if you don’t live with your parent(s)
- Other children, even if they don’t live with your parents(s) if:
  - Your parent(s) provide **more** than half of their financial support from July 1, 2021 to June 30, 2022, or
  - The children would be required to provide parental information when applying for financial aid
- Other people only if they now live with your parent(s) and your parent(s) provide **more** than half of their financial support and will continue to provide **more** than half of their financial support from July 1, 2021 through June 30, 2022.

If you are an **Independent student** on your California Dream Application, list the people in your household including:

- Yourself, and your spouse if you are married
- Your children, if you will provide **more** than half of their financial support from July 1, 2021 to June 30, 2022
- Other people only if they now live with you, and you will provide **more** than half of their financial support and will continue to provide more than half of their financial support from July 1, 2021 through June 30, 2022.

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<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship to Student</th>
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### Important Notes:

- **Do Not** make corrections to your California Dream Application or Admissions Application after turning in this form, unless instructed to do so.
- Your financial assistance eligibility will not be determined until all forms listed under “required documents by year” in Web Advisor are received (or waived) and reviewed for accuracy.
- Per State regulations, you may not receive grants at two separate institutions.
- Your California College Promise Grant (fee waiver) eligibility is based on being in good academic standing. If you fail to meet academic and progress standards for two consecutive semesters and enter into a dismissal status, you will lose your fee waiver eligibility.

**By signing this form, I verify that I or my parents will be supporting the person(s) listed above, even those who are **not** my siblings or my parent’s children, more than 50% now and through 06/30/22.**

**Student Signature (Original, not typed) Date**

**Parent Signature (Original, not typed) Date**