



**VERIFICATION OF FAMILY SIZE AND NUMBER IN COLLEGE
 2009-10 – INDEPENDENT STUDENT**

Student Name	Date:
Address	SS#:
City, State, Zip	Email:

List the people in your household. **You may only include:**

- yourself and your spouse, if married;
- your children, if you will provide more than half of their financial support from July 1, 2009, through June 30, 2010; and
- other people who live with you and receive more than half their financial support from you and who will continue to live with you and receive more than half of their support from you through June 30, 2010.

Write the names of only those household members meeting definition above. *You may not include roommates.* Then indicate the name of the college for any household member who will be attending college at least half time (6 hours undergraduate; for graduate students' units, use their school's written minimum half-time policy) in a degree or certificate program between July 1, 2009 and June 30, 2010. If you need more space, attach a separate page.

Full Name	Age	Relationship	Name of College
		Self	Chabot Community College

By signing this worksheet, I (we) certify that all the information reported to qualify for student aid is complete and correct. (If you are married, your spouse must sign this form.)

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, prosecuted for fraud, and/or face other charges, and will have to repay any financial aid funds you receive based on information provided on this form.

Student's Signature	Date Signed	Spouse's Signature	Date Signed