

## VERIFICATION OF HOUSEHOLD SIZE 2024-2025 INDEPENDENT STUDENT

**Student's Full Name:** \_\_\_\_\_ **CCCC ID#:** \_\_\_\_\_

Your FAFSA has been selected for a process called Verification. The College must collect this documentation to confirm information reported on the FAFSA. Please respond promptly.

### Number of Household Members

List below the people in the student's household. Include:

- The student.
- The student's spouse (if married and not separated).
- The student's or spouse's children **ONLY IF** the student or spouse will provide more than half of the children's support from July 1, 2024 through June 30, 2025, even if a child does not live at home.
- Other people if they now live with the student **ONLY IF** the student or spouse provides more than half of the other person's support **AND** will continue to provide more than half of that person's support through June 30, 2025.

Full Name	Age	Relationship to student	College Name (only if attending during 2024-2025)	Attending at least half time? (Yes or No)
		<i>Student (self)</i>		

If any of the people above will be enrolled at least half time in a degree or certificate program at an eligible postsecondary educational institution any time between July 1, 2024 and June 30, 2025, list the name of the college.

### Certification and Signature

By signing below, I certify the information reported is complete and correct.

**Student's Signature** (required): \_\_\_\_\_ **Date:** \_\_\_\_\_