## 2015-16 VERIFICATION OF HOUSEHOLD SIZE/NUMBER IN COLLEGE

Your application was selected for verification. Complete the chart below. Determine who is considered a family member:

### Parent REQUIRED to sign FAFSA

**DEPENDENT**

Include the following in the chart:

- Yourself
- The parent(s) you live with (include stepparent) OR if not living at home, the parent(s) whose information was used on the FAFSA.
- Your parents’ other children **ONLY IF**:
  - The parent listed will provide at least half of their support from July 1, 2015 to June 30, 2016, **OR**
  - The children would be required to provide parent information completing the FAFSA.
- Other people currently living with your parent(s) for whom your parent(s) currently provide and will continue to provide at least 51% of their support from July 1, 2015 to June 30, 2016.

### Parent NOT REQUIRED to sign FAFSA

**INDEPENDENT**

Include the following in the chart:

- Yourself
- Your spouse if you are married
- Your children ONLY IF you will provide at least 51% of their support from July 1, 2015 to June 30, 2016.
- Other people currently living with you for whom you currently provide and will continue to provide at least 51% of their support from July 1, 2015 to June 30, 2016.

### DO NOT LIST CHILDREN FOR WHOM YOU PAY CHILD SUPPORT

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
<th>Relationship to Student</th>
<th>Name of College (if attending at least half-time and working toward a degree or certificate in 2015 – 2016)</th>
<th>Master’s Level Program? (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF (the Student)</td>
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<td>Cal Maritime</td>
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If you have additional people to list, attach a separate sheet of paper with the required information.

## CERTIFICATION

I certify that that all reported information is complete and accurate to the best of my knowledge. WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature ______________________________________________ Date __________________________

Parent Signature ___________________________________________ Date __________________________

*(If signature was required on FAFSA)*

Parent Phone # __________________________________________ Email __________________________

Return this form to the Cal Maritime Financial Aid Office.
We do not accept forms by email

California State University Maritime Academy, Financial Aid Office • 200 Maritime Academy Drive • Vallejo, CA 94590
Phone (707) 654-1287 • Fax (707) 654-1007

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