



Return to: Office of Financial Aid
P.O. Box 6804 UH-146
Fullerton, CA 92834-6804

BEFORE printing enter student CWID above

PARENT FAMILY SIZE CERTIFICATION (2011-2012)
PRINT CLEARLY AND USE BLACK INK

TELL US ABOUT YOUR PARENT'S FAMILY SIZE

Fill in the information about the people that your parents will support between July 1, 2011 and June 30, 2012. Include:

- yourself (list yourself on the first line),
- your parent(s), and
- your parents' dependent children (if they receive more than half of their support from your parents, or if they would be required to provide parental information when applying for federal student aid).

INCLUDE OTHER PEOPLE ONLY IF THEY:

- lived with and received more than half of their support from your parents at the time you completed your Free Application for Federal Student Aid (FAFSA) and
- will continue to receive this support between July 1, 2011 and June 30, 2012.

List all family members that meet the definition listed above. In addition, check yes for each family member listed, **other than parents**, who are enrolled in six (6) or more units that can be applied toward a college degree or certificate program (parent educational expenses are not considered). Attach a separate sheet if you need more space.

<u>Full Name</u>	<u>DOB</u>	<u>Relationship</u>	<u>College</u>	<u>Enrolled in 6 or more units</u>	
<i>Student Example</i>					
Missy Jones	5/10/87	Self	CSUF	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Parent Example</i>					
Lee Jones	1/12/65	Parent	Not Applicable	Not Applicable	

_____	_____	SELF	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CERTIFICATION:
By signing this form, I (we) certify that all of the information reported on this form and any attachments hereto is true, complete and accurate. I (we) agree to provide additional proof of the information we have reported, if requested to do so.*
Signatures are required for all persons reporting information.

Father's/Stepfather's Signature _____ Date _____

Mother's/Stepmother's Signature _____ Date _____

Print Student's Name _____ CWID _____

***Warning:** If you give false or misleading information on documents submitted to the Office of Financial Aid, you may be fined, be sentenced to jail, or both.