



Enter Student's  
CWID Here:

**STUDENT FAMILY SIZE CERTIFICATION (2023-2024)**

PRINT CLEARLY AND USE BLACK INK

**INSTRUCTIONS:**

Fill in the information about the people that you (and your spouse) will support between July 1, 2023 and June 30, 2024. *Incomplete documents will not be returned. They will be disposed of in a secure manner, per university policy. This will delay processing.*

**INCLUDE:**

- yourself (list yourself on the first line),
- your spouse (if you are married), and
- your dependent children (if they receive more than half of their support from you or your spouse).

**OTHER PEOPLE MAY BE INCLUDED ONLY IF THEY:**

- lived with and received more than half of their support from you or your spouse at the time you completed your Free Application for Federal Student Aid  
AND
- will continue to receive this support between July 1, 2023 and June 30, 2024.

**TELL US ABOUT YOUR FAMILY SIZE**

List all family members that meet the definition listed above. In addition, check yes for each family member listed who is enrolled in six (6) or more units that can be applied toward a college degree or certificate program. Attach a separate sheet if you need more space.

Full name	Date of Birth	Relationship (i.e., son, niece, etc.)	List college if enrolled in 6 or more units	Enrolled in 6 or more units?
<i>Example Taylor Smith</i>	<i>02/02/2000</i>	<i>Self</i>	<i>CSUF</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Example Son Smith</i>	<i>03/10/2012</i>	<i>Son</i>	<i>N/A</i>	<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 I (we) have reported, if requested to do so. I (we) also certify that I (we) have read the terms and conditions section of the CSU Fullerton, Financial Aid website

(<http://www.fullerton.edu/financialaid/info/Terms.php>) **Signatures are required.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse'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.