

DE ANZA COLLEGE
 Financial Aid Office
 21250 Stevens Creek Blvd
 Cupertino, CA 95014

Name of Financial Aid Applicant:

Last

First

Student ID (SID) **OR**

SSN

**2008-2009
 CONFIRMATION OF HOUSEHOLD SIZE**

FOR DEPENDENT STUDENTS: List the people that *your parent(s)* will support between July 1, 2008 and June 30, 2009.

- ❖ List yourself first.
- ❖ List your parent(s).
- ❖ Your parent(s) dependent children if they provide more than one-half of their support.
- ❖ List your parent(s) children who attend college and are considered dependent for financial aid.
- ❖ List other people who *your parent(s)* support by paying more than half of their expenses from your parent(s) income and will continue to do so during the 08-09 school year. These people must also be living with them. ***Do not*** include any people who live with them but support themselves with their own income, even if they share some expenses.

FOR INDEPENDENT STUDENTS: List the people that you will support between July 1, 2008 and June 30, 2009.

- ❖ List yourself first.
- ❖ List your spouse (if you have one).
- ❖ List your dependent children if you provide *more than one-half* of their support.

<u>Full Name</u>	<u>Age</u>	<u>Relationship</u>	<u>College they attend 08-09 (half-time or more)</u>
<u>YOU</u> _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 Student's Signature

 Date

 Parent's Signature (for dependent students)

 Date