FOOTHILL COLLEGE
FINANCIAL AID OFFICE
12345 El Monte Rd
Los Altos Hills CA 94022-4599

DE ANZA COLLEGE
FINANCIAL AID OFFICE
21250 Stevens Creek Blvd
Cupertino, CA 95014-5793

2011-2012
CONFIRMATION OF HOUSEHOLD SIZE

Applicant's Name_____**SID**_____
Last First

FOR DEPENDENT STUDENTS: List the people that *your parent(s)* will support between July 1, 2011 and June 30, 2012.

- 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 11-12 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, 2011 and June 30, 2012.

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

Full Name	Age	Relationship	College they attend 11-12 (half-time or more)
YOU		**SELF**	**DE ANZA COLLEGE**

_____ _____
Student's Signature Date

_____ _____
Parent's Signature (for dependent students) Date