



Household Size Verification Dependent Student 2019-2020

Office of Financial Aid
1050 North Mills Avenue
Claremont, CA 91711-6101
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Student Name (please print)

Student ID (if known)

List all members of the household your parents will support from July 1, 2019 to June 30, 2020. This includes:

- Yourself
- Your parent(s), including stepparent, even if you do not live with them. **DO NOT** include your noncustodial parent.
- Your parents' other children, only if:
 - The children live with your parent(s) **AND** your parent(s) will provide more than half of their support from July 1, 2019 to June 30, 2020 **OR**
 - The children do not live with your parent(s) **BUT** the children provide your parent(s)' information on their FAFSA (or CSS Profile)
- Other people living with your parent(s) **IF** your parent(s) will provide more than 50% of their support from July 1, 2019 to June 30, 2020.

1. Household Information

| Full Name | Age | Relationship to Student | College |
|------------------------|-----|-------------------------|----------------|
| Example: Cecil Sagehen | 18 | Self | Pitzer College |
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2. Certification

I certify that all of the information reported on this form and any attachments are true, complete and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student Signature

Date

Parent Signature

Print Name

Date