



Household Size Verification Independent Student 2019-2020

Office of Financial Aid
1050 North Mills Avenue
Claremont, CA 91711-6101
909.621.8208
Fax: 909.607.1205
Financial_aid@pitzer.edu

Student Name (please print)

Student ID (if known)

List all members of your household who you and your spouse (if applicable) will support from July 1, 2019 to June 30, 2020. This includes:

- Yourself
- Your spouse (if applicable)
- Your children or your spouse's children (regardless of whether they live with you) if you or your spouse will provide at least half of their support from July 1, 2019 to June 30, 2020
- Other people living with you **IF** you or your spouse 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

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