2014–2015 Household Size Verification
Independent Student
HHSIZE – G6

A. Independent Student’s Information

Student’s Last Name          Student’s First Name          Student’s M.I.    Student’s CSID Number

Student’s Street Address (include apt. no.)    Student’s Date of Birth

City                      State                      Zip Code    Student’s Email Address

Student’s Home Phone Number (include area code)    Student’s Alternate or Cell Phone Number

B. Independent Student’s Family Information

List below the people in your household. Include:
- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2014, through June 30, 2015, or if the child would be required to provide your information if they were completing a FAFSA for 2014–2015. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2015.

Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2014, and June 30, 2015. If more space is needed, attach a separate page with your name and Social Security Number at the top.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Will be Enrolled at Least Half Time</th>
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</thead>
<tbody>
<tr>
<td>Marty Jones(example)</td>
<td>28</td>
<td>Wife</td>
<td>Central University</td>
<td>Yes</td>
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<td></td>
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<td>Self</td>
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C. Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse’s signature is optional.

Student’s Signature          Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
Return the first page of this form only to:
San Diego City College
Financial Aid
1313 Park Blvd.
San Diego, CA 92101

You can also mail or fax this form to 619-388-3241.
If you have any questions, contact our office at 619-388-3501.
You must have a financial aid password on file to receive service over the phone.
You should make a copy of this worksheet for your records.