

SAN DIEGO MIRAMAR COLLEGE

Financial Aid Office & Scholarship Services

10440 Black Mountain Road K1-312 • San Diego, CA 92126 • 619-388-7864 phone • 619-388-7910 fax

2023–2024 Number of Household Members and Number in College (MHSIZE)

Your 2023–2024 Free Application for Federal Student Aid (FAFSA)/California Dream Act Application was selected for review in a process called verification. The law says that before awarding Federal/State Student Aid, we may ask you to confirm the information you reported on your FAFSA/California Dream Act Application. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA/California Dream Act Application with the information on this worksheet and with any other required documents. If there are differences, your FAFSA/California Dream Act Application information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

STUDENT'S INFORMATION

Last Name:	First Name:	Student ID#:
Street Address:		Date of Birth:
City:	State:	Zip Code:
Phone # (include area code):		Email:

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, 2023, through June 30, 2024, or if the child would be required to provide your information if they were completing a FAFSA for 2023–2024. 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, 2024.

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, 2023, and June 30, 2024.

Full Name	Age	Relationship	Will this person be attending College during 2023-2024? (circle answer)	If YES, Name of School:	Enrolled in 6 units or more? (circle answer)
			YES/NO		YES/NO
			YES/NO		YES/NO
			YES/NO		YES/NO
			YES/NO		YES/NO
			YES/NO		YES/NO
			YES/NO		YES/NO

If more space is needed, attach a separate page with your name and CSID number at the top.

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.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature:	Date:
Parent Signature:	Date: