

Parent Signature

2024-2025 PARENT FAMILY SIZE

Date

(559) 325-5239 financialaid@cloviscollege.edu 10309 N Willow Ave., Fresno, CA 93730

You were selected for a review process called verification. Information on this form will be used to verify the accuracy of the information reported on the FAFSA. Please complete the entire worksheet in blue or black ink. Incomplete worksheets will not be accepted.

Student Name:	ID#:	
PARENT FAMILY SIZE VERIFICATION		
 Yourself Your parent(s) (including stepparent, if applicable Your parent(s) other dependent children, if your parent between July 1, 2024, and June 30, 2025. 	•	nore than half of their support
 Other individuals may be included in your parent(s)' fan They live with your parent(s) NOW and your parent And they WILL CONTINUE to live with your parent than half of their support, between July 1, 2024, to the parent than half of their support. 	nt(s) provide more nt(s), and your pare	nt(s) will continue to provide more
Full Name	Age	Relationship to Student
		Self
CERTIFICATIONS	STATEMENT	
By signing and dating below you certify that all the inform	ation reported on t	his form is complete and correct
Student Signature		Date