

Lassen Community College Financial Aid Office P.O. Box 3000 Susanville CA, 96130 530-251-8849

## **2024-2025** Parent Family Size Verification

Must be completed in blue or black ink only. Do  $\underline{\mathsf{NOT}}$  use whiteout.

Section A: Student Infor	<u>mation</u>				
Student's Last Name	First	M.I.	Student ID		
Section B: Family Size In			otaaciit ib		
• The student.	<u> </u>	··· <u>A·</u>			
	nts even if the stud	ent is not living	with them. Exclude a parent who has di	ied or is not living	
•		_	lude a parent who is on active duty in the		
Forces apart from	·		and a parent time to an accuration, in the		
The student's siblings if the	•	:			
	_		use of college enrollment),		
•	•	•	student's parents, and		
•			ort from the student's parents during t	he award year.	
Other persons if the follow			·	,	
They live with the s	student's parents,				
<ul> <li>They receive more</li> </ul>	than half of their su	pport from the	student's parents, and		
<ul> <li>They will continue</li> </ul>	to receive more than	n half their supp	ort from the student's parents during t	he award year.	
			d not include any unborn children in the ent's name and ID number at the top.	e family size.	
Full Name	Age	<u> </u>	Relationship	1	
			Self		
	-			_	
<u>Section C: Certification and Signature</u> Each person signing below certifies that all of the information reported is complete and correct. The			WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.		
& one parent whose inform	·	d on the			
FAFSA must sign and date.					
Student's Signature		 Date			
Parent's Signature		 Date			

FC24PHS Revised 03.20.24