MOORPARK COLLEGE
FINANCIAL AID OFFICE
7075 CAMPUS ROAD
MOORPARK, CA 93021

NAME OF FINANCIAL AID APPLICANT

_____

Last First MI

SOCIAL SECURITY NUMBER

_____/_____/_____

2009-2010

INDEPENDENT VERIFICATION OF HOUSEHOLD SIZE

After a review of your financial aid file, we find we need clarification of the actual number in your household.

Please list the people you (and your spouse) will support between **July 1, 2009** and **June 30, 2010.** Include yourself, your spouse and your dependent children (only if you will provide more than half of their support).

Write the name of all family members you will support. If any of the family members you list will be attending college at least **half-time (6 units)** in a degree or certificate program, please list the name of that college or university. If you need additional space use a separate sheet.

Full Name	**Age**	**Relationship**	**Name of College (must be at least half-time during (2009-2010)**

I certify the above information is true and correct. I also understand that any false information will result in a cancellation of financial aid funds.

_____ _____

Student Signature Date