DE ANZA COLLEGE
FINANCIAL AID OFFICE
21250 Stevens Creek Blvd
Cupertino, CA 95014-5793

2009-2010
CONFIRMATION OF HOUSEHOLD SIZE

Applicant's Name_____**SID/SNN**_____
Last First

FOR DEPENDENT STUDENTS: List the people that *your parent(s)* will support between July 1, 2009 and June 30, 2010.

- List yourself first.
- List your parent(s).
- Your parent(s) dependent children if they provide more than one-half of their support.
- List your parent(s) children who attend college and are considered dependent for financial aid.
- List other people who *your parent(s)* support by paying more than half of their expenses from your parent(s) income and will continue to do so during the 09-10 school year. These people must also be living with them. ***Do not*** include any people who live with them but support themselves with their own income, even if they share some expenses.

FOR INDEPENDENT STUDENTS: List the people that you will support between July 1, 2009 and June 30, 2010.

- List yourself first.
- List your spouse (if you have one).
- List your dependent children if you provide *more than one-half* of their support.

Full Name	Age	Relationship	College they attend 09-10 (half-time or more)
YOU_____	____	_**SELF**_____	__**DE ANZA COLLEGE**_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

_____ _____
Student's Signature Date

_____ _____
Parent's Signature (for dependent students) Date