California University of Pennsylvania
250 University Avenue
California, PA 15419-1394

FINANCIAL AID OFFICE
724-938-4415 | 724-938-4551 FAX

Building Character. Building Careers.

2019-2020 HOUSEHOLD SIZE AND NUMBER IN COLLEGE WORKSHEET

Name: _____ **CWID:** _____

There is a discrepancy concerning the number of family members you or your parent(s), (if dependent) reported living in the household. Household members should include people that your or your parent(s), (if dependent) will support between July 1, 2019 and June 30, 2020.

Please complete the below section and return to the Financial Aid Office.

1. How many people are in yours or your parent's (if Dependent) household? _____
2. How many people will be in College? _____
3. List the family members who will be in college including yourself :

Name	Age	Relationship to Student	Name of College or University
_____	_____	SELF	California University of Pennsylvania
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. List **ALL** household members including yourself, your parents (if dependent) and anyone else that you or your parents (if dependent) reside with. Please circle yes or no if you or your parents (if dependent) will be providing more than 50% support, between July 1, 2019 and June 30, 2020. The number of people below should match question 1, "How many people are in yours or your parent's (if Dependent) household? "

Name	Age	Relationship to Student	Parent(s) providing more than 50% support
_____	_____	SELF	(Yes) or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No

Signatures

By signing this worksheet, we certify that all the information is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

_____ _____
Print Student Name Student Signature Date

_____ _____
Print Parent Name (If Dependent Student) Parent Signature (If Dependent Student) Date