Oxnard College Financial Aid Office
4000 S. Rose Avenue Oxnard, CA 93033
(805) 986-5828 ocfa@vcccd.edu www.OxnardCollege.edu

2010-2011

HOUSEHOLD SIZE VERIFICATION

Student Name: _____ Student ID# _____ - _____ - _____

Phone #: _____ Email address: _____

The following information about your family size is needed to determine your financial aid eligibility. Please list only the people living in the household who receive more that 50% of their support from you (or your parents if you are a dependent student):

Family Members

Name of Family Member	*Age*	*Relationship*	*Attending College*

NOTE: Family members in college must be enrolled in a minimum of (6) six units to be included as attending college.

Certification Statement

I certify that the above information regarding my household size in true, accurate and complete.

Student Signature: _____ Date: _____/_____/_____