

## 2026–2027 Household Size Confirmation (MCADEP/MCAHHS/MHSIZE/MSDECO-#G6)

Your 2026–2027 Free Application for Federal Student Aid (FAFSA)/California Dream Act Application was selected for review in a process called verification. The law says that before awarding Federal/State Student Aid, we may ask you to confirm the information you reported on your FAFSA/California Dream Act Application. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA/California Dream Act Application with the information on this worksheet and with any other required documents. If there are differences, your FAFSA/California Dream Act Application information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

### A. Independent Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student's ID (10 digit)
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

List below the people in your household.

Include:  Yourself

- Your spouse, if you are married.
  - In the case of California Dream Act applicant, please include registered domestic partner information.
- Your children, if any, if you will provide more than half of their support from July 1, 2026, through June 30, 2027, or if the child would be required to provide your information if they were completing a FAFSA for 2026–2027. Include children who meet either of these standards, even if they do not live with you.
  - If you listed any children and both biological parents live together both must be included.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2027.

Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2026, and June 30, 2027.

Full Name	Age	Relationship	If attending college, list college name below	Enrolled in 6 units or more? Yes/No

*If more space is needed, attach a separate page with your name and Student ID number at the top.*

### B. Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student's Signature	Date
Spouse's Signature	Date