

Section A: Student Information

Lassen Community College Financial Aid Office P.O. Box 3000 Susanville CA, 96130 530-251-8849

2023-2024 Parent Household Size Verification

Must be completed in blue or black ink only. Do <u>NOT</u> use whiteout.

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udent's Last Name First		M.I.		Student ID	Student ID	
Section B: Household Size						
List the people in your parent(s) house	ehold, in	cluding:				
Yourself (even if you don't live	with the	em)				
 Your parent(s), (including a ste 	pparent)				
 Your parent(s) other children, 	even if t	hey do not live	e with them IF			
 Your parent(s) will pro- 	vide mor	e than half of	their support from Ju	ly 1, 2023 through.	June 30, 2024 or	
 The children would be 	required	d to provide pa	rental information w	hen completing a 2	023-2024 FAFSA	
 Other people who live with yo 	-				• • •	
and will continue to provide m			• •	_		
Do NOT list children for whom child su						
household member, except your pare		_	•	-		
half time between July 1, 2023 and Jul			e reason to believe tr	nat any information	i given is talse or	
unclear, we may ask for additional do		Date of	Dolotionship to	Callaga Nama if	attanding at	
ruii Name	Age	Birth	Relationship to Student	College Name if least ½ time	attending at	
		DILLU	Student	ieast /2 time		
	<u> </u>					
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Section C: Certification and Signature WARNING: If you purpose						
Each person signing below certifies tha		misleading information, you may be				
information reported is complete and correct. The student fined, sent to prison, or				or botti.		
& one parent whose information was	reported	on the			J	
FAFSA must sign and date.						
 Student's Signature		— — Date	 Date			
		Date				
Parent's Signature		Date		-		

FC23PHS Revised 12.20.22