

## 2020-2021 OTHER DEPENDENT(S)

**RETURN TO:**  
 CAL POLY  
 FINANCIAL AID OFFICE  
 SAN LUIS OBISPO, CA 93407-0201  
**FAX: (805) 756-7243**  
**EMAIL: [financialaid@calpoly.edu](mailto:financialaid@calpoly.edu)**  
 (Sensitive data should be encrypted.)

Student Last Name:

Student First Name:

Phone #:

EMPL ID#:

**IMPORTANT: Submit as soon as possible.** Aid will not disburse until all items are submitted and reviewed. Once all items are submitted, allow 3-6 weeks for your complete file to be reviewed. If awarded FWS or SEOG, documents must be submitted no later than June 30, 2020 to avoid potential cancelation of those funds. In all circumstances, documents must be submitted prior to the last day of a student's enrollment at Cal Poly.

*For Office Use Only*

You have included someone outside the student's immediate family (e.g. grandparent, niece, etc.) on your Household Size Confirmation Form. Please confirm that they meet the federal definition for household inclusion as an "other dependent."

Initials \_\_\_\_\_

Include other people only if *they live with* and receive *more than half* of their support from you (independent students) or your parent(s) (dependent students) **and** will continue to live with and receive this support between July 1, 2020 and June 30, 2021. In the last column, indicate whether anyone listed will attend college and be enrolled at least half-time.

Full Name of Other Dependent:	Age / Relationship:	Name of College: (Enrolled 1/2 time or more 2020-2021)
<i>Example: Jane Smith</i>	<i>88 / grandmother</i>	<i>n/a</i>

**Explanation:**

*Example: We provide grandmother's room and board because she is unable to support herself.*

**SIGN and DATE:**

I certify that all information reported on this form and any attachment is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

\_\_\_\_\_  
 Student Signature (Required. No electronic signature.)      Date

\_\_\_\_\_  
 Parent Signature (No electronic signature.)      Date  
 (Parent signature required for dependent students only.)