SAN DIEGO MESA COLLEGE

Financial Aid

SAN DIEGO MESA COLLEGE FINANCIAL AID
7250 Mesa College Drive, I4-107, San Diego, CA 92111-4998
619.388.2817 | 619.388.2824 [FAX]

2026 – 2027 Household Size Confirmation

Your Free Application for Federal Student Aid (FAFSA) or California Dream Act Application (CADAA) was selected for a review process called verification. In this process, San Diego Mesa College will compare your financial aid application with the information included on this worksheet and with any other required documents. Financial Aid regulations require us to ask for this information before disbursing any Federal or State Student Aid. If there are differences, your application information may need to be corrected. If you have questions about the verification process, please contact the San Diego Mesa College Financial Aid Office as soon as possible to avoid a delay in the processing of your financial aid.

A. Student's Information

Last Name	First Name	M.I.	Student ID Number (10 Digits)

B. Independent Student's Family Size

Family size includes:

- The student.
- The student's spouse, if applicable.
- The student's dependent children if all of the following are true:
  - They live with the student (or live apart because of college enrollment);
  - They receive more than half of their support from the student; and
  - They will continue to receive more than half of their support from the student from July 1, 2026 through June 30, 2027.
- Other persons if the following are true:
  - They live with the student;
  - They receive more than half of their support from the student; and
  - They will continue to receive more than half of their support from the student through June 30, 2027

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2026-2027 financial aid application. As a result, the student should not include any unborn children in the family size.

Full Name	Age	Relationship
		Self

C. Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct. The student and spouse whose information was reported on the Financial Aid application must sign and date.

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 [if did not file joint return] Date