

# Family Size Verification

Last Name	First Name	ctc Link #:
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The family member information you provided on your financial aid application is inconsistent or conflicting with other information in your application. Please list your family members below and include this information: full name, age, relationship; for example, wife or son. Family members are parents, spouse, children or other people if they currently live with you and over half their support was provided by the family from July 1, 2024 to June 30, 2025 Return this letter with the requested information to this office. If you are a dependent student and living outside of your parent contributor's home you must still list your parent contributor(s) on this form.

Name	Age	Relationship	College
		Self	Shoreline Community College
<b>Required Signature</b>			
Student Signature: <i>(Ink Signature ONLY)</i>			Date:
Parent contributor Signature (if applicable): <i>(Ink Signature ONLY)</i>			Date: