



FINANCIAL AID & SCHOLARSHIPS OFFICE  
1000 East Victoria Street  
Carson, California 90747  
PHONE: (310) 243-3691

CSUDH ID: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents.

**REMINDER:** When uploading your documents to the **online [Dropbox](#)**, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: \_\_\_\_\_  
*Enter Last Name, First Name, MI*

Toro Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
*(Area Code) (i.e. 222-1234)*

*Note: Please be sure to include your **CSUDH student ID number** on each page submitted and allow up to 4 business days for your **To Do List** to be updated.*

### **SUBMISSION INSTRUCTIONS:**

On the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid & Scholarships Office. Forms that are incomplete will remain on your To Do List in the Student Center.

1. Upon completing this document, scroll to the bottom where you are asked to sign and date. Provide your wet signature. Typed/font signatures are not acceptable.
2. **Save your document. Name your document with your first name, last name, and CSUDH ID number**
3. If you have attachments, please have them ready to upload to the online Dropbox
4. Return to the [Financial Aid Forms](#) page, go to the **blue Dropbox Folders** section, **select the icon that corresponds with your last name**, use the **“Add Files”** or **“drag stuff here”** option to upload your documents. **Emailed documents will not be accepted.**
5. Once all documents have been submitted, be sure to close your browser.

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In furtherance of CSU Dominguez Hill's mission of accessibility and commitment to excellence through diversity, equity, and inclusion, CSUDH strives to ensure that its information and communication technology is accessible to everyone. If you need assistance in completing this form because of a disability, please contact us at (310) 243-3660  
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|  |
|--|
| Name: _____  |
| <span style="margin-right: 150px;">Last</span> <span style="margin-right: 150px;">First</span> <span>MI</span> |
| Student ID# _____  |
| FOYDFS   |

### 2024-2025 Dependent Family Size Verification Form

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) or California Dream Act Application (CADAA) was randomly selected by the federal/state processor for secondary review in a process called verification. You are asked to validate that the information provided on your application is accurate. CSUDH will compare your FAFSA or CADAA data with the information submitted on this form. If there are any differences, CSUDH may correct information on your application.

- Submit electronically to the Financial Aid Dropbox located at <https://www.csudh.edu/financial-aid/forms/>.
- Emailed documents will **not** be accepted

#### **DEPENDENT STUDENT'S FAMILY SIZE INFORMATION**

List below the people in your family size. Include:

- Yourself;
- Your parent(s), even if you are not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is living apart because they are on active duty in the U.S. Armed Forces.
- Your siblings if ALL of the following are true:
  - They live with your parent(s) (or live apart because of college enrollment);
  - They receive more than half of their support from your parent(s); AND
  - They will continue to receive more than half their support from your parent(s) during the award year (July 1, 2024 – June 30, 2025).
- Other people if ALL of the following are true:
  - They live with your parent(s);
  - They receive more than half of their support from your parent(s); AND
  - They will continue to receive more than half their support from your parent(s) during the award year (July 1, 2024 – June 30, 2025).
- Do not include any unborn children

| Full Name | Age | Relationship to student | CSUDH student (Yes/No) |
|-----------|-----|-------------------------|------------------------|
|           |     | <i>self</i>             | Yes                    |
|           |     |                         |                        |
|           |     |                         |                        |
|           |     |                         |                        |

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

#### **CERTIFICATION AND SIGNATURE**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA or CADAA must sign and date.

**WARNING: Per the U.S. Department of Education and the State of California, if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
 Student's Signature (Required)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's Signature (Required)

\_\_\_\_\_  
 Parent's Printed Name

\_\_\_\_\_  
 Date