2019-2020 Military Housing Parent Self-Certification (LBAHP-#D3)

This form can be completed only by the service member(s) whose personal information and income has been reported on the FAFSA. **This form is to be filled out by Parent** (not student).

Student’s Name: ___________________________________________  ID (10 digit): ____________________________

1. Was (were) the parent(s) active military in 2017?

   (Please Circle)

   Parent 1 YES NO

   Parent 2 YES NO

   If YES, how many months of 2017 was (were) the parent(s) active duty? _____________.

2. Will the parent(s) be active military anytime from 7/1/19 to 6/30/20?

   (Please Circle)

   Parent 1 YES NO

   Parent 2 YES NO

   If NO, **Stop, Sign & Submit. You do not need to go any further.**

3. If yes, will the parent(s) in the military be active duty the entire time?

   (Please Circle)

   Parent 1 YES NO

   Parent 2 YES NO

   If YES, **Stop, Sign & Submit. You do not need to go any further.**

4. If no, what is the date of discharged?

   Discharge date for Parent 1 ________________________________ (month,day,year)

   Discharge date for Parent 2 ________________________________ (month,day,year)

My signature below certifies that the information I have provided is complete and accurate. I agree to provide any additional information requested by San Diego Mesa College Financial Aid Office to verify the accuracy of the information I have provided. If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

PARENT SIGNATURE: ______________________________________  DATE: ____________________________

This form complies with changes made to the financial aid programs by Section 472 of the Higher Education Act as amended in 2008.