CORBAN UNIVERSITY

Dedicating Heart and Mind to God

2014-2015 Financial Aid Verification
Household Size for Dependent Students

_____	_____	_____
Student's Last Name	Student's First Name	Student's Last 4 Digits of SSN

Why you are asked to complete this form: As indicated on your FAFSA, you (the student) reported the number of people who live with and are financially supported by your parents. The government requires Corban to confirm this information to complete your application for financial aid.

Who should be listed below:

- Yourself (the student), even if you do not reside in your parents' home.
- Your parents (include your stepparent if they live in the home).
- Anyone else who will receive more than half of their financial support from your parents during the period of July 1, 2014 through June 30, 2015.

Household Member's Name	Age	Relationship to Student
		Self

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please return completed worksheet to the Corban University Financial Aid Office
5000 Deer Park Drive SE, Salem, OR 97318
Or Fax to: 503-585-4316
Questions? Call 503-375-7006 or email: financialaid@corban.edu