

## 2015-2016 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, 2015 through June 30, 2016.

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](mailto:financialaid@corban.edu)