

2015-2016 Financial Aid Verification

Household Size for Independent 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 you. The government requires Corban to confirm this information to complete your application for financial aid.

Who should be listed below:

- Yourself
- Your spouse, if married
- Your children, if any, if you will provide more than half of their support from July 1, 2015 through June 30, 2016, or if the child would be required to provide your information if they were completing a FAFSA for 2015-2016. Include children who meet either statement even if they do not live with you.
- Other people if they currently live with you and you provide more than half of their support and will continue to provide more than half of their support 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: _____

Spouse 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