

Parent Signature: __ (If Dependent Student)

2015-2016 Financial Aid Verification of Household Resources

Student's Last Name	Student's	s First Name	Student's Last 4 Digits of SS
financially supported because you	u did not need to file nts. Resources to incl	taxes OR because it ude: Child Support F	oan to confirm how your family is t does not appear the AGI on the Received, Housing, SNAP and oth- income/wages.
	Household Reso	ources in 2014	1
Type of Support		Amount Received in 2014	
Public Assistance (example)		#6000 (example)	
Please include an explanation of the	AGI you entered on you	r FAFSA:	
By signing this form, I affirm that all best of my knowledge. If requested, this form. I understand that any falso and/or repayment of financial aid, a States Criminal Code.	I agree to provide docum e statements or misrepre	nentation to support the esentation may be cau	he information I have provided on se for denial, reduction, withdrawal,

Please return completed worksheet to the Corban University Financial Aid Office 5000 Deer Park Drive SE, Salem, OR 97317

Or Fax to: 503-585-4316

_____ Date: _____