



## 2019-2020 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:** On your FAFSA, you (the student) reported the number of people in your parents' household. The government requires Corban to confirm this information to complete your application for financial aid. **DO NOT SUBMIT THIS FORM VIA EMAIL.**

**Who should be listed below:**

- Yourself (the student), even if you do not live in your parents' home.
- Your parent(s) (include your stepparent if they live in the home).
- Your parents' other children (or anyone else) who will receive more than half of their financial support from your parents during the period of July 1, 2019 through June 30, 2020, or if the other children would be required to provide parental information if they were competing a 2019-2020 FAFSA. Include children who meet either of these standards, even if a child does not live with the parents.

Household Member's Name	Age	Relationship to Student
		Self
<b>Total Number in the Household:</b>		

*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: \_\_\_\_\_

**IMPORTANT: DO NOT SUBMIT THIS FORM VIA EMAIL.**

**Return this form and required documents using one of the following methods:**

Mail, Fax, or Hand Deliver to: Corban University Financial Aid, 5000 Deer Park Drive SE, Salem, OR 97317.

Secure Fax: (503) 585-4316.

For Office Use Only: RCVD By: \_\_\_\_\_ RCVD Date: \_\_\_\_\_ ISIR # \_\_\_\_\_ Worksheet # \_\_\_\_\_ Verified # \_\_\_\_\_