



2019-2020 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: On your FAFSA, you (the student) reported the number of people in your 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
- Your spouse, if married
- Your or your spouse's children, if you or your spouse will provide more than half of their support from July 1, 2019 through June 30, 2020. Include children who meet this description even if they do not live with you.
- Other people if they currently live with you and you or your spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.

| Household Member's Name | Age | Relationship to Student |
|----------------------------|-----|-------------------------|
| | | Self |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Number in Household: | | |

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: _____

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 # _____