



## 2019-2020 Financial Aid Verification Number in College 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 who will be attending college in 2019-2020. 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)
- Anyone else in your household who will be attending college at least half-time from July 1, 2019 through June 30, 2020. This can include your spouse, children, or other people living with you if 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.

| First and Last Name    | Age       | Relation-ship | College Name                 | Will be en-rolled at least half time? |
|------------------------|-----------|---------------|------------------------------|---------------------------------------|
| <i>Example Student</i> | <i>25</i> | <i>Wife</i>   | <i>Mt. Jefferson College</i> | <i>Yes</i>                            |
|                        |           | 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: \_\_\_\_\_

**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 # \_\_\_\_\_