



HOUSEHOLD VERIFICATION (DEPENDENT)

STUDENT INFORMATION

Aid Year: 26/27

LLU ID# or Social Security Number: _____ Birthdate: (MM/DD/YYYY) _____

Name: Last _____ First _____ Middle _____

Permanent Mailing Address: Street Address _____

City _____ State _____ Zip _____ Country _____

Phone _____

STUDENT VERIFICATION WORKSHEET FAMILY INFORMATION

IMPORTANT – READ CAREFULLY: The information reported on your FAFSA application reflects a household size that is different than the household size reported on the Parent Verification Worksheet that you completed recently. Use this worksheet to **clarify** and **confirm** your parent(s) household size.

List the people in your parents household, include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s). Exclude a parent who has died or is not living in the household due to separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true:
 - ☐ They live with the student's parents (or live apart because of college enrollment)
 - ☐ They receive more than half of their support from the student's parents, and
 - ☐ They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
 - ☐ They live with the student's parents,
 - ☐ They receive more than half of their support from the student's parents, and
 - ☐ They will continue to receive more than half their support from the student's parents during the award year.

Write the names of all household members, as defined above. Attach a separate sheet if you need more space.

Note: If parents are legally separated or divorced, use the parent whose information, consent and approval were used on the FAFSA.

Full Name	Age	Relationship
		Self
Matthew Morton (example)	17	Brother

Explain any changes that have occurred in your parent(s) household: _____

REQUIRED SIGNATURE

By signing, I certify that I have read this form in its entirety and that all the information reported on this worksheet is complete and correct. I realize that I may be asked to provide supporting documentation to verify the above information.

Student's Signature: _____ Date: ____/____/____

Parent's Signature: _____ Date: ____/____/____

Scan & e-mail to: Finaid@llu.edu, Fax to: (909)558-4283 or Mail to: LLU Office of Financial Aid, 11149 Anderson St., Loma Linda, CA 92350

If you have any questions please email Finaid@llu.edu or call (909) 558-4509