



HOUSEHOLD VERIFICATION (DEPENDENT)

STUDENT INFORMATION

AID YEAR: 22/23

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

Name: Last _____ First _____ Middle _____

Permanent Mailing Address: Street Address _____

City _____ State _____ Zip _____ Country _____

Phone _____

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 stepparent) even if you do not live with your parents;
• your parents' other children, if (a) your parents will provide more than half of their support from July 1, 2022 through June 30, 2023, or (b) the children would be required to provide parental information when applying for Federal Student Aid; and
• any other people who now live with your parent(s) and will continue to live with your parent(s), and your parent(s) are providing more than half of their support and will continue to provide more than half of their support from July 1, 2022 through June 30, 2023.

Write the names of all household members, as defined above. Indicate if any will be enrolled in a degree or certificate program at a college, university or other post-secondary institution at least half-time between July 1, 2022 through June 30, 2023. (Attach a separate sheet if you need more space.)

Table with 5 columns: Full Name, Age, Relationship, College, Will be Enrolled at Least Half Time. Includes example row for Sally Smith.

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