



**HOUSEHOLD VERIFICATION
(DEPENDENT)**
Financial Aid Office
2019/2020

Blue Mountain Community College
PO Box 100
Pendleton, OR 97801
Phone: (541) 278-5759 - Service Center
Fax: (541) 278-5889
E-mail: FinancialAid@bluecc.edu

STUDENT NAME: _____ BMCC ID: _____

HOUSEHOLD INFORMATION

Please list the people in your household, including:

- Yourself; *and,*
- Your parents (even if you DON'T live with them), or step-parents if parent is remarried; *and,*
- Your parents' other children if (a) your parents will provide more than half of their support from July 1, 2019 through June 30, 2020, *or* (b) the children could answer "no" to every question in Step Three of the FAFSA; *and,*
- Other people if they now live with your parents and your parents will provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020. (*Additional information may be requested.*)

Full Name	Age	Relationship to Student	College
		<i>Self</i>	<i>BMCC</i>

(Attach additional sheet for other household members, if necessary)

Do your dependents have their own source of income (such as work, unemployment, child support, social security, SNAP or TANF benefits, other)? Please list amount of 2018 income and sources of income for each person listed above.

Signing this form certifies that all the information reported on it is complete and correct.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____