



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

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

STUDENT NAME: \_\_\_\_\_ BMCC ID: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Please list the people in your household, including:

- Yourself, and your spouse if married; *and*,
- Your children, if you will provide **more than half** of their support from July 1, 2019 through June 30, 2020; *and*,
- Other people if they now live with you and you 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 an 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: \_\_\_\_\_