



HOUSEHOLD VERIFICATION FORM INDEPENDENT STUDENT

Financial Aid Office
2020/2021

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 spouse (if married), and
- Your/spouse’s children, if you/spouse will provide more than half of the children’s support from 7/1/20 through 6/30/21 even if the children do not live with you/spouse, and
- Other people (additional documentation may be needed)
 - if they now live with you, and
 - you/spouse provide more than half of their support, and
 - Will continue to provide more than half of their support through 6/30/21

Number in College: Include in the space below information about any household member, who is, or will be, enrolled at least half time in a degree, diploma, or certificate program any time between 7/1/20 and 6/30/21.

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 2019 and/or 2020 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.

Student Signature: _____ Date: _____