

# 2007 - 2008 CLARIFICATION OF HOUSEHOLD SIZE



PLEASE COMPLETE THE FRONT AND BACK OF THIS FORM IN *INK* AND *PRINT* LEGIBLY.

LAST NAME (LEGAL NAME)		FIRST NAME	MI
STUDENT ID#	E-MAIL ADDRESS		BEST CONTACT PHONE NUMBER

**HOUSEHOLD INFORMATION - List the people in your household from July 1, 2007 to June 30, 2008:**

1. Write the names of all household members. If you need more space, attach a separate page.

**FOR DEPENDENTS, Members of Household include:**

- a. Yourself (even if you do not currently live with your parent/legal guardian(s))
- b. Your parent(s) (including stepparent(s))/legal guardian(s)
- c. Your parent/legal guardian's other children (even if they do not currently live with your parent/legal guardian(s)) if (a) your parents will provide more than half of their support, or (b) the children would be required to provide parental information when applying for Federal Student Aid
- d. Other people if they live with your parents, and your parents provide and will continue to provide more than half of their support

**FOR INDEPENDENTS, Members of Household include:**

- a. Yourself
- b. Your spouse (if married)
- c. Your children, if you provide more than half of their support
- d. Other people if they live with you, and you provide and will continue to provide more than half of their support

2. Write in the name of the college for any household member who will be attending college at least half-time, and will be enrolled in a degree or certificate program, excluding your parent/legal guardian(s).

	Full Name	Age	Relationship to Student	College
1.			Self	Point Loma Nazarene University
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**CERTIFICATION STATEMENT**

**If you are a dependent, at least one parent must sign in addition to the student.**

We, the undersigned, certify that all the information reported to qualify for federal student aid is complete and correct.

STUDENT'S SIGNATURE _____	DATE _____	SPOUSE'S SIGNATURE (if student is married) _____	DATE _____
PARENT/LEGAL GUARDIAN'S SIGNATURE (if student is a dependent) _____		DATE _____	

**Return completed form to:  
PLNU Student Financial Services Office, 3900 Lomaland Dr., San Diego, CA 92106, Fax (619) 849-7078**