

# 2008 - 2009 CLARIFICATION OF HOUSEHOLD SIZE & NUMBER IN COLLEGE



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

STUDENT'S 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, 2008 to June 30, 2009:**

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
- 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 (excluding your parent/guardian(s)) who will be attending college at least half-time and will be enrolled in a degree or certificate program, between July 1, 2008 and June 30, 2009.

	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 _____	

Rev. 02/08

**Please Return Completed Form to Your PLNU Regional Center:**

**PLNU Arcadia**  
225 E Santa Clara St.  
Arcadia, CA 91006  
Phone: 626.821.8240  
Fax: 626.821.8249

**PLNU Bakersfield**  
5080 California Ave., Ste. 104  
Bakersfield, CA 93309  
Phone: 661.321.3482 or 3484  
Fax: 661.321.3489

**PLNU Inland Empire**  
495 E Rincon St., Ste. 204  
Corona, CA 92879  
Phone: 951.273.7568  
Fax: 951.735.0072

**PLNU Mission Valley**  
4007 Camino del Rio S., Ste. 102  
San Diego, CA 92108  
Phone: 619.563.2845 or 2849  
Fax: 619.563.2898