

# 2009 - 2010 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, 2009 to June 30, 2010**

- WRITE IN THE NAMES OF ALL HOUSEHOLD MEMBERS as defined below. If you need more space, attach a separate page.
  - FOR DEPENDENT STUDENTS, Members of Household include:**
    - Yourself (even if you do not currently live with your parent)
    - Your parent(s) (including stepparent(s))
    - Your parent's other children (even if they do not currently live with your parent) 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
    - Other people if they live with your parents, and your parents provide and will continue to provide more than half of their support
  - FOR INDEPENDENT STUDENTS, Members of Household include:**
    - Yourself
    - Your spouse (if married)
    - Your children, if you provide more than half of their support
    - Other people if they live with you, and you provide and will continue to provide more than half of their support
- THEN WRITE IN THE NAME OF THE COLLEGE for any listed household member who will be attending college at least half-time and will be enrolled in a degree or certificate program between July 1, 2009 and June 30, 2010.

	Full Name	Age	Relationship to Student	College (exclude parents)
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'S SIGNATURE (if student is a dependent)		_____ DATE	

Rev. 05/09 md

**Return completed form to:**

**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**  
1255 Magnolia Ave., Ste. 101  
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