

PEPPERDINE UNIVERSITY

Graduate School of Education and Psychology

2014-2015 Verification of Household Size Independent Student

A. Independent Student's Information

_____ Last Name	_____ First Name	_____ M.I.	_____ Campus-Wide ID Number (CWID)
_____ Street Address (include apt. no.)			_____ Date of Birth
_____ City	_____ State	_____ Zip Code	_____ Email Address
_____ Home Phone Number (include area code)			_____ Alternate or Cell Phone Number

B. Independent Student's Family Information

Below, list the people in your household. Include:

- Yourself
- Your spouse, if you are married.
- Your children, and/or your spouse's children if you will provide more than half of their support from July 1, 2014, through June 30, 2015, even if the children do not live with you.
- Other people if they now live with you and you and/or your spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2015.

For any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2014, and June 30, 2015, include the name of the college. *If more space is needed, attach a separate page with your name and CWID number at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>		

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Student's Name: _____ CWID: _____

C. Certification and Signature

I certify that all information reported on this form and on any attachments is complete and correct. If requested, I agree to provide documentation to support the information I have provided on this form.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date

Please mail, fax, or scan and email all required documentation to the GSEP Financial Aid Office:

*6100 Center Drive, 5th Floor
Los Angeles, CA 90045
Phone: 310-568-5775
Fax: 310-568-2399
Email: GSEFaid@pepperdine.edu*