

Please complete all fields on this form using a black or blue pen. Incomplete forms will be returned and will cause a delay in processing your financial aid application.

APU ID#: _____ Academic Program: _____

Name: _____
Last First M.I.

On the FAFSA, you reported the number of people who live with you and are financially supported by you. Your file was selected for verification. Therefore, APU is required to verify this information to process your application for financial aid.

Please list all applicable:

- Yourself.
- Your spouse.
- Children and other Dependents
 - Those who live with you and for whom you provide more than half of their support and will continue to from July 1, 2013 – June 30, 2014

Family Member's Name	Relationship to Student	Age
1.	Self	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature (Required) _____

Date _____

MAILING ADDRESS

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