

BMCC Financial Aid Office 2411 NW Carden Ave Pendleton, OR 97801 Phone: 541-278-5779 Fax: 541-278-5889

Email: FinancialAid@bluecc.edu

2024-2025 HOUSEHOLD INFORMATION - Independent Student

STUDENT NAME:			BMCC ID:
HOUSEHOLD INFORMATION			
In the table below, list the people in your hou	sehold . Inc	lude:	
 Yourself (the student), Your spouse, if married, Your children, or your spouse's children, if you, or your spouse, will provide mo a child does not live with you; Other people (additional documentation m if they now live with you, AND you or your spouse provide more than will continue to provide more than half If more space is needed, provide a separate page 	half of the of	ed), other person's supp son's support throu	ugh June 30, 2025.
Household Member's Full Name	Age	Relationship to you	College (If they will be enrolled at least half time during 2024-20254 in a certificate or degree program.)
		Self	BMCC
Signing this form certifies that all the information	tion reporte	ed on it is complete	e and correct.
Student Signature:			Date: