


Please return this form to:

Wilmington College 937.382.6661
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2018-2019 DEPENDENT SUPPORT VERIFICATION
SECTION A: STUDENT INFORMATION

STUDENT NAME: _____ STUDENT ID: _____

Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information on this form.

PLEASE NOTE:

- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ All required documents must be returned to our office within two weeks.
- ✓ We will update your FAFSA, if needed, based on the information provided on this form.

SECTION B: SUPPORT

YOU HAVE INDICATED ON THE FAFSA THAT YOU HAVE A LEGAL DEPENDENT OR CHILD THAT YOU PROVIDE MORE THAN HALF OF THE DEPENDENT'S SUPPORT. PLEASE COMPLETE THE INFORMATION BELOW, AND PROVIDE **ALL DOCUMENTATION** SHOWING THAT YOU PROVIDE MORE THAN 50% SUPPORT FOR THIS CHILD OR LEGAL DEPENDENT. IF THE CHILD IS NOT BORN YET, PLEASE PROVIDE DOCUMENTATION RELEVANT TO THE UNBORN CHILD. **YOU MUST PROVIDE SUFFICIENT DOCUMENTATION TO PROVE SUPPORT FOR YOUR CHILD OR LEGAL DEPENDENT.**

1.	DEPENDENT'S NAME	AGE	RELATIONSHIP TO STUDENT	
			<input type="checkbox"/> CHILD	<input type="checkbox"/> LEGAL DEPENDENT
			<input type="checkbox"/> CHILD	<input type="checkbox"/> LEGAL DEPENDENT
			<input type="checkbox"/> CHILD	<input type="checkbox"/> LEGAL DEPENDENT
			<input type="checkbox"/> CHILD	<input type="checkbox"/> LEGAL DEPENDENT

CHILD, ATTACH:

⇒ COPY OF CHILD'S BIRTH CERTIFICATE.

SUPPORTING DOCUMENTS NEEDED:

⇒ UNBORN CHILD – STATEMENT FROM DOCTOR INDICATING PREGNANCY AND DUE DATE.

LEGAL DEPENDENT, ATTACH:

⇒ SIGNED LETTER OF EXPLANATION FOR LEGAL DEPENDENT.

⇒ IF YOUR LEGAL DEPENDENT HAS ANY SOURCE OF INCOME, PROVIDE A LIST OF ALL SOURCES AND AMOUNTS OF INCOME. SUBMIT A COPY OF THEIR TAX RETURN, SOCIAL SECURITY, AND ANY OTHER SOURCE OF INCOME.

2. WHERE DO/WILL YOU LIVE WHILE YOU ARE IN SCHOOL? _____
3. WHERE DOES/WILL THE CHILD/DEPENDENT LIVE WHILE YOU ARE IN SCHOOL? _____
4. WHO CLAIMS THE CHILD/LEGAL DEPENDENT ON FEDERAL TAXES? _____
5. PLEASE LIST YOUR ESTIMATED INCOME & EXPENSES BELOW AND SUBMIT THIS FORM WITH SUPPORTING DOCUMENTATION TO THE FINANCIAL AID OFFICE.

ESTIMATED MONTHLY INCOME

WAGES EARNED FROM WORK <i>(PROVIDE COPY OF 2017 W-2 STATEMENT(S))</i>	\$
TANF: <i>(PROVIDE DOCUMENT FROM JOB & FAMILY SERVICES VERIFYING BENEFIT IN 2017)</i>	\$
SOCIAL SECURITY: <i>(PROVIDE COPY OF 2017 SOCIAL SECURITY BENEFITS STATEMENT)</i>	\$
FOOD STAMPS/WIC: <i>(PROVIDE DOCUMENT FROM JOB & FAMILY SERVICES VERIFYING BENEFIT IN 2017.)</i>	\$
CHILD SUPPORT RECEIVED: <i>(PROVIDE DOCUMENT FROM JOB & FAMILY SERVICES VERIFYING BENEFIT IN 2017)</i>	\$
OTHER: <i>(EXPLAIN)</i>	\$

ESTIMATED MONTHLY EXPENSES

RENT/MORTGAGE: <i>(PROVIDE COPY OF LEASE/MORTGAGE IN YOUR NAME)</i>	\$
ELECTRIC/GAS: <i>(PROVIDE COPY OF UTILITY BILL IN YOUR NAME)</i>	\$
PHONE/CELL PHONE: <i>(PROVIDE COPY OF PHONE BILL IN YOUR NAME)</i>	\$
FOOD:	\$
AUTO EXPENSES: <i>(PROVIDE COPY OF CAR LOAN AND CAR INSURANCE IN YOUR NAME)</i>	\$
MEDICAL EXPENSES: <i>(PROVIDED COPY OF MEDICAL INSURANCE PROVIDED BY YOUR EMPLOYER OR BY MEDICAID)</i>	\$

IF SOMEONE OTHER THAN YOURSELF IS CONTRIBUTING TO YOUR EXPENSES, PLEASE LIST THEIR NAME AND RELATIONSHIP TO YOU. _____

SECTION C: CERTIFICATION

By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). The information supplied on this form supersedes that which was provided on the FAFSA. 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'S SIGNATURE: _____ DATE: _____