



PLEASE RETURN THIS FORM TO:

Wilmington College 937.382.6661
 Pyle Center Box 1184 800.341.9318 x600
 1870 Quaker Way wilmington.edu
 Wilmington, OH 45177 sos@wilmington.edu
 937.383.8564 f

2018-2019 INDEPENDENT HOUSEHOLD SIZE & NUMBER IN COLLEGE 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 provided on this form. List the members of your household **as of today**. You (and, if married, your spouse) are required to sign and date 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: Household Information

- LIST **YOURSELF** (THE STUDENT) BELOW.

FULL NAME	AGE	COLLEGE ATTENDING
		Wilmington College

- IF MARRIED, LIST **YOUR SPOUSE** BELOW.

⇒ If your spouse will be attending college **AND** enrolled at least half time in a degree, diploma or certificate program at an eligible post-secondary educational institution any time between July 1, 2018 and June 30, 2019, **PROVIDE THE NAME OF THE COLLEGE**.

FULL NAME	AGE	ATTENDING COLLEGE IN 2018-2019
		<input type="checkbox"/> NO <input type="checkbox"/> YES (LIST BELOW) ⇒

- LIST **YOUR (AND YOUR SPOUSE'S) CHILDREN** BELOW IF: you will provide more than half of their support **AND** will continue to provide more than half of their support through June 30, 2019 (even if the children do not live with you.) Foster children should not be included in the household size.
- LIST **OTHER PEOPLE** BELOW ONLY 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, 2019.
- IN THE LIST BELOW, **PROVIDE THE NAME OF THE COLLEGE** for those who will be enrolled at least half time in a degree, diploma or certificate program at an eligible post-secondary educational institution any time between July 1, 2018 and June 30, 2019.
⇒ Do not include PSEO or dual enrollment for high school students.
- IF MORE SPACE IS NEEDED, PROVIDE A SEPARATE PAGE WITH THE STUDENT'S NAME AND ID NUMBER AT THE TOP.

FULL NAME	AGE	RELATION TO STUDENT	ATTENDING COLLEGE IN 2018-2019
		<input type="checkbox"/> CHILD <input type="checkbox"/> OTHER (IF OTHER, LIST BELOW) ⇒	<input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, LIST BELOW) ⇒
		<input type="checkbox"/> CHILD <input type="checkbox"/> OTHER (IF OTHER, LIST BELOW) ⇒	<input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, LIST BELOW) ⇒
		<input type="checkbox"/> CHILD <input type="checkbox"/> OTHER (IF OTHER, LIST BELOW) ⇒	<input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, LIST BELOW) ⇒
		<input type="checkbox"/> CHILD <input type="checkbox"/> OTHER (IF OTHER, LIST BELOW) ⇒	<input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, LIST BELOW) ⇒

PLEASE NOTE: WE MAY REQUIRE ADDITIONAL DOCUMENTATION IF WE HAVE REASON TO BELIEVE THAT THE INFORMATION REGARDING THE HOUSEHOLD MEMBERS ENROLLED IN ELIGIBLE POST-SECONDARY EDUCATIONAL INSTITUTIONS IS INACCURATE.

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 SIGNATURE: _____ DATE: _____

SPOUSE'S SIGNATURE: _____ DATE: _____