



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
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2019-2020 DEPENDENT 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 parent(s)' household **as of today**. You and one parent 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
		<i>Wilmington College</i>

- LIST **YOUR PARENT(S)** BELOW (even if you do not live with them).

- ⇒ If your parents are separated or divorced, include **only** the parent whose information you provided on the FAFSA.
- ⇒ If your parent on the FAFSA is married/remarried, you must include information about your step-parent.

**READ CLOSELY
FOR PARENTS THAT ARE
DIVORCED OR REMARRIED**

FULL NAME	AGE	RELATION TO STUDENT
		<input type="checkbox"/> PARENT <input type="checkbox"/> STEP-PARENT
		<input type="checkbox"/> PARENT <input type="checkbox"/> STEP-PARENT

- LIST YOUR **PARENT(S)' OTHER CHILDREN** BELOW. Include children who meet either of these standards even if the children do not live with your parent(s). Foster children should not be included in the household size.
 - ⇒ Your parent(s) will provide more than half of their support from July 1, 2019 to June 30, 2020.
 - ⇒ The other children would be required to provide parental information if they were completing a FAFSA for 2019-2020.
- LIST **OTHER PEOPLE** BELOW ONLY IF: they now live with your parent(s) **and** your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.
- IN THE LIST BELOW, **INCLUDE 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, 2019 and June 30, 2020.
 - ⇒ 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 2019-2020
		<input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER (IF OTHER, LIST BELOW) ⇒	<input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES LIST BELOW) ⇒
		<input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER (IF OTHER, LIST BELOW) ⇒	<input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES LIST BELOW) ⇒
		<input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER (IF OTHER, LIST BELOW) ⇒	<input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES LIST BELOW) ⇒
		<input type="checkbox"/> SIBLING <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: _____
 PARENT SIGNATURE: _____ DATE: _____