



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

2020-2021 DEPENDENT HOUSEHOLD SIZE & NUMBER IN COLLEGE VERIFICATION

SECTION A: STUDENT INFORMATION

STUDENT NAME: _____ STUDENT ID: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

SECTION B: HOUSEHOLD INFORMATION

- LIST YOURSELF (THE STUDENT) BELOW.

FULL NAME	AGE	COLLEGE ATTENDING
		<i>Wilmington College</i>

- LIST YOUR PARENT(S) BELOW

- ⇒ 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.

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, 2020 through June 30, 2021.
 - ⇒ The other children would be required to provide parental information if they were completing a FAFSA for 2020-2021.
- 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, 2021.
- 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, 2020 and June 30, 2021.
 - ⇒ Do not include PSEO, College Credit Plus, 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 OF HOUSEHOLD MEMBER	AGE	RELATIONSHIP TO STUDENT	ENROLLED AT LEAST HALF-TIME?	NAME OF COLLEGE/INSTITUTION
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

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: _____