


**Please return this form to:**

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

**2023-2024 DEPENDENT SUPPORT VERIFICATION FORM**
**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 uploaded to your Financial Aid Student Self-Service Portal.
- ✓ We will update your FAFSA, if needed, based on the information provided on this form.

**SECTION B: SUPPORT**

YOU 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** VERIFYING YOU PROVIDE MORE THAN 50% SUPPORT FOR THIS CHILD OR LEGAL DEPENDENT. IF THE CHILD IS NOT YET BORN, 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

**CHILD, UPLOAD WITH THIS DOCUMENT:**

⇒ COPY OF CHILD'S BIRTH CERTIFICATE.

**SUPPORTING DOCUMENTS NEEDED:**

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

**LEGAL DEPENDENT, UPLOAD WITH THIS DOCUMENT:**

⇒ 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 &amp; EXPENSES BELOW AND upload to your Financial Aid Student Self-Service Portal.

ESTIMATED MONTHLY INCOME		ESTIMATED MONTHLY EXPENSES	
<b>WAGES EARNED FROM WORK</b> <i>(PROVIDE COPY OF 2021 W-2 STATEMENT(S))</i>	\$ _____	<b>RENT/MORTGAGE:</b> <i>(PROVIDE COPY OF LEASE/MORTGAGE IN YOUR NAME)</i>	\$ _____
<b>TANF:</b> <i>(PROVIDE DOCUMENT FROM JOB &amp; FAMILY SERVICES VERIFYING BENEFIT RECEIVED IN 2021)</i>	\$ _____	<b>ELECTRIC/GAS:</b> <i>(PROVIDE COPY OF UTILITY BILL IN YOUR NAME)</i>	\$ _____
<b>SOCIAL SECURITY:</b> <i>(PROVIDE COPY OF 2021 SOCIAL SECURITY BENEFITS STATEMENT)</i>	\$ _____	<b>PHONE/CELL PHONE:</b> <i>(PROVIDE COPY OF PHONE BILL IN YOUR NAME)</i>	\$ _____
<b>FOOD STAMPS/WIC:</b> <i>(DOCUMENT FROM JOB &amp; FAMILY SERVICES VERIFYING BENEFIT RECEIVED IN 2021)</i>	\$ _____	<b>FOOD:</b>	\$ _____
<b>CHILD SUPPORT RECEIVED:</b> <i>(DOCUMENT FROM JOB &amp; FAMILY SERVICES VERIFYING BENEFIT RECEIVED IN 2021)</i>	\$ _____	<b>AUTO EXPENSES:</b> <i>(PROVIDE COPY OF CAR LOAN AND CAR INSURANCE IN YOUR NAME)</i>	\$ _____
<b>OTHER:</b> <i>(EXPLAIN)</i>	\$ _____	<b>MEDICAL EXPENSES:</b> <i>(PROVIDE 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 typing my name below, which serves as my electronic signature, I certify the information on the form and any associated documents submitted are accurate and complete to the best of my knowledge and that there is no forgery. 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: \_\_\_\_\_