

Please return this form to: Wilmington College Pyle Box 1184 1870 Quaker Way Wilmington, OH 45177

937.382.6661 x600 wilmington.edu sos@wilmington.edu

		ENT STUDENT HOUS	SEHO	LD SIZE VERIFI	CATION	
SECTION A: STUDENT INFORMATION	PΝ					
STUDENT NAME:		STUDENT ID:				
ADDRESS:						
CITY:			STATE:		ZIP:	
			_			
SECTION B: HOUSEHOLD INFORMA • LIST YOURSELF (THE STUDENT) BEL						
			Ass Courses Attraction			
FULL NAME			AGE	COLLEGE ATTENDING Wilmington College		
				VVIIIIIII	gton conege	
LIST YOUR PARENT(S) BELOW ⇒ If your parents are separated or ⇒ If your parent on the FAFSA is re		•			n the FAFSA.	
FULL NAME			AGE	RELATION TO STU	DENT	
				☐ PARENT	☐ STEP-PARENT	
				☐ PARENT	☐ STEP-PARENT	
 LIST OTHER PEOPLE BELOW ONLY AND will continue to provide more the The provided criteria for "dependent parent could claim as a dependent on 2024-2025 FAFSA. As a result, the p 	nan half of children" c a U.S. tax	f their support through June 30 or "other persons" align with th oreturn if the parent were to fi	0, 2025. ne require ile a U.S.	ement that family siz	ze align with whom the	
		RELATIONSHIP TO				
FULL NAME OF HOUSEHOLD MEMBER AGE		STUDENT		·		
			If more space is needed, provide a separate page with the student's name and ID number at the top.			
PLEASE NOTE: WE MAY REQU		TIONAL DOCUMENTATION IF WE F ING THE HOUSEHOLD MEMBERS			T THE INFORMATION	
SECTION C: CERTIFICATION						
By typing my name below, which serves as a are accurate and complete to the best of my was provided on the FAFSA. I understand the repayment of financial aid, and I may be sub-	v knowledg hat any fal.	e and that there is no forgery. The Ise statements or misrepresentati	he inform tion may	nation supplied on this be cause for denial, re	s form supersedes that which eduction, withdrawal, and/or	
STUDENT SIGNATURE:				Date:		
PARENT SIGNATURE:				DATE:		