

Please return this form to:

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Wilmington, OH 45177

## 2024-2025 INDEPENDENT STUDENT HOUSEHOLD SIZE VERIFICATION FORM

SECTION A: STUDENT INFORMATION					
STUDENT NAME:				STUDENT ID:	
ADDRESS					
CITY:				STATE: ZIP:	
SECTION B: HOUSEHOLD INFORMATION					
<ul> <li>LIST <u>YOURSELF</u> (THE STUDENT</li> </ul>	) BELOW	<b>/.</b>			
FULL NAME			AGE	College Attending	
				Wilmington College	
• IF MARRIED, LIST <u>YOUR SPOUSE</u> BELOW.					
Spouse Full Name			AGE	DATE OF MARRIAGE (MONTH AND YEAR)	
LIST <u>YOUR (AND YOUR SPOUSE'S) CHILDREN</u> 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, 2025 (even if the children do not live with you.) Foster					
children should not be included in the household size.					
<ul> <li>LIST <u>OTHER PEOPLE</u> 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, 2025.</li> </ul>					
The provided criteria for "dependent children" or "other persons" align with the requirement that family size align					
with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S. tax return					
at the time of completing the 2024-2025 FAFSA. As a result, the student should not include any unborn children in the family size.					
FULL NAME OF HOUSEHOLD  MEMBER	AGE	RELATIONSHIP TO STUDENT			
				ORE SPACED IS NEEDED, PROVIDE A RATE PAGE WITH THE STUDENT'S E AND ID NUMBER AT THE TOP.	
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				•	
PLEASE NOTE: WE MAY REQUIRE ADDITIONAL DOCUMENTATION IF WE HAVE REASON TO BELIEVE THAT THE INFORMATION					
REGARDING THE HOUSEHOLD MEMBERS IS INACCURATE.					
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 SIGNATURE:				DATE:	
STUDENT SIGNATURE: DATE:					