



Please return this form to:

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2025-2026 DEPENDENT STUDENT 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 BETWEEN 7/1/2025 AND 6/30/2026. PLEASE COMPLETE THE INFORMATION BELOW, AND PROVIDE ALL DOCUMENTATION VERIFYING YOU PROVIDE MORE THAN 50% SUPPORT FOR THIS CHILD OR LEGAL DEPENDENT. DO NOT INCLUDE UNBORN CHILDREN/DEPENDENTS. YOU MUST PROVIDE SUFFICIENT DOCUMENTATION TO PROVE SUPPORT FOR YOUR CHILD OR LEGAL DEPENDENT. SUPPORT INCLUDES HOUSING, FOOD, MEDICAL CARE, CLOTHING, ETC.

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:

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

ESTIMATED MONTHLY INCOME		ESTIMATED MONTHLY EXPENSES	
WAGES EARNED FROM WORK <i>(PROVIDE COPY OF MOST RECENT 2025 PAYCHECK STUB)</i>	\$ _____	HOUSING: <i>(PROVIDE COPY OF LEASE/MORTGAGE IN YOUR NAME)</i>	\$ _____
UNEMPLOYMENT: <i>(PROVIDE COPY OF 2025 BENEFITS DETERMINATION LETTER)</i>	\$ _____	UTILITIES: <i>(PROVIDE COPY OF UTILITY BILL IN YOUR NAME)</i>	\$ _____
TANF, FOOD STAMPS/WIC: <i>(PROVIDE DOCUMENT FROM JOB & FAMILY SERVICES VERIFYING BENEFIT RECEIVED IN 2025)</i>	\$ _____	CLOTHING & MISCELLANEOUS	\$ _____
SOCIAL SECURITY: <i>(PROVIDE COPY OF 2025 SOCIAL SECURITY BENEFITS STATEMENT)</i>	\$ _____	FOOD:	\$ _____
CHILD SUPPORT RECEIVED: <i>(DOCUMENT FROM JOB & FAMILY SERVICES VERIFYING BENEFIT RECEIVED IN 2025)</i>	\$ _____	Child Care: <i>(PROVIDE COPY OF CHILD CARE PAYMENTS)</i>	\$ _____
OTHER: <i>(EXPLAIN)</i>	\$ _____	MEDICAL EXPENSES: <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: _____