

# Household Size/Number in College Verification

Student's First Name \_\_\_\_\_ Student's Last Name \_\_\_\_\_ WCU ID# \_\_\_\_\_

Instructions: In reviewing your application(s) for financial aid we have identified some information that needs clarification. Please complete the following table concerning your household members according to the dependency status you have indicated below.

☐ **Dependent Student** (you were required to provide your parent data on the FAFSA)

- Yourself
  - Your parent(s) (including a stepparent), even if you do not live with them\*
  - Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2019 through June 30, 2020 or the children would be required to provide parental information when applying for federal student aid
  - Other people if they now live with your parent(s), your parent(s) provide more than half of their support, and your parent(s) will continue to provide more than half of their support from July 1, 2019 through June 30, 2020
- \*Parent(s) listed below should be the student's custodial parent(s) whose information was provided on the FAFSA

☐ **Independent Student** (you were not required to provide your parent data on the FAFSA)

- Yourself (and your spouse if you have one)
- Your children, if you will provide more than half of their support from July 1, 2019 through June 30, 2020
- Other people if they now live with you, you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2019 through June 30, 2020

Name of Student and Family Members (as outlined above)	Relationship to Student	Age	What College (if any) is person attending in 2019-2020? <b>Note: Do not include parents</b>	Will attendance be at least ½ time and part of a degree or certificate program?

If you need additional space, attach a separate sheet.

I certify that the information included on this form is true and I am willing to provide additional documentation if requested

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (if dependent) \_\_\_\_\_ Date \_\_\_\_\_

Please return all documents by email or mail.

Mailing Address: 030 Kershner Student Service Center, 25 University Ave, West Chester, PA 19383

Email: [finaid@wcupa.edu](mailto:finaid@wcupa.edu)