



## 2024-2025 Dependent Student Household Verification Worksheet

The U.S. Department of Education selected your Free Application for Federal Student Aid (FAFSA) for a review process called verification. We are required by federal law to obtain this information. If there are differences between the information on your FAFSA and the results of verification, we will send corrections electronically to the U.S. Department of Education. If corrections are made, you will then electronically receive an updated Student Aid Report (SAR). This may result in an adjustment to your estimated financial aid award. Financial aid payments will not be made to your Student Account until all verification requirements have been met and the necessary corrections have been made.

### Step 1 - STUDENT INFORMATION

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name M.I. WSCO ID # Date of Birth

### Step 2 - FAMILY INFORMATION

In the boxes below, please list all the people in your parent's household, including their names, ages, and relationship to you.

- Always include yourself, the student, even if you don't live with your parent(s)
- Always include your parent(s), including a step-parent, even if you don't live with your parent(s)
- Your parent(s)' other dependent children, if (a) your parent(s) will provide more than half of their support from July 1, 2024 through June 30, 2025 (even if they do not live with them), or (b) the children would be required to provide parental information when applying for Federal Student Aid
- Other people only if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

*Number in College: In the boxes below, be sure to include information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2024, and June 30, 2025, and include the name of the college (if they are attending).*

Full Name	Age	Relationship	Name of College (enrolled at 1/1/2022 to 06/30/2023)	Enrolled Half Time
<i>Example: JOHN SMITH</i>	<i>31</i>	<i>Self</i>	<i>WSCO</i>	<i>Yes</i>
		Self	Washington State College of Ohio	

Note: We may require additional documentation if we have reason to believe that the information regarding household members currently enrolled in eligible postsecondary educational institutions is inaccurate

### Step 3 – CERTIFICATION AND SIGNATURES

*I certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both and my financial aid may be terminated.*

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

STUDENT SIGNATURE (Required)

DATE

PARENT SIGNATURE (Required)

DATE

RETURN THIS FORM: Completed forms and documents may be dropped off in person at the WSCO Student One Stop. Or, fax 740.376.0257, scan & email [finaid@wscc.edu](mailto:finaid@wscc.edu) or mail 710 Colegate Dr., Marietta, OH 45750.