

In-state: (800) 210-6932
 Fax: (207) 454-1018

Verification of Household Size

Student Name: _____ Student ID #: _____
 (Please Print)

The number of family members listed on the student aid report, confidential financial aid application, and/or the federal income tax form conflict.

Dependent Student – List the people that your parent/step-parent(s) will support during the academic year from July 1 – June 30. Include your parent(s), yourself, and your parents’ other dependant children*. Include other people only if they now live with and get more than half of their support from your parent(s) and will continue to get this support during the academic year.

Independent Student – List the people that you (and your spouse) will support during the academic year from July 1 – June 30. Include yourself, your spouse, and your dependent children*. Include other people only if they now live with and get more than half of their support from you (and your spouse), and will continue to get this support during the academic year.

*If the household member is not claimed as an exemption on your tax form, please explain on the reverse side.

Name	Age	Relationship To Student	If attending college, list Name of College	Enrolled full-time or part-time

Submit completed form to WCCC’s Financial Aid Office.

 Student Signature

 Date

 Parent Signature

 Date