



2023-2024 Verification of Parent Household

Student Name: _____ COTC ID:

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Name of Household Members Column: In the chart below, list **all** of the people in the parent's household, their age and relationship to student. Please include:

- The student.
- The parents (including stepparent) even if the student doesn't live with the parents.
- The parents' other children, if the parent will provide **more than half** of the children's support from July 1, 2023 through June 30, 2024, or if the other children would be required to provide parental information if they were completing a 2023-2024 FAFSA. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents **and** the parents provide **more than half** of their support and will continue to provide more than half of their support through June 30, 2024.

Name of College Column: If any of the household members listed below (excluding parents) 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, 2023 and June 30, 2024, include the name of the college and check appropriate college enrollment. If not going to be enrolled in college, list N/A. If more space is needed, provide a separate page with the student's name and COTC ID at the top. We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary education institutions is inaccurate.

*If both legal parents (biological or adoptive) live together regardless of marital status or gender, both parents must be included on the chart.

*If parents are separated or divorced and have not remarried and are not living together, list only one parent on the chart. List the parent who provided more than half of the student's support during the twelve months prior to the date he completed the FAFSA.

***If parent is remarried, include the step-parent on the chart.

Full Name of Household Member	Age	Relationship to Student*	Name of College enrolled in during 2023-24	College Enrollment Please check appropriate box	
		Self	COTC	<input type="checkbox"/>	Less than Half Time
				<input type="checkbox"/>	At least Half Time
				<input type="checkbox"/>	Less than Half Time
				<input type="checkbox"/>	At least Half Time
				<input type="checkbox"/>	Less than Half Time
				<input type="checkbox"/>	At least Half Time
				<input type="checkbox"/>	Less than Half Time
				<input type="checkbox"/>	At least Half Time

***If listing someone other than an immediate family member, please give dates** of when he/she moved in with the parent(s) and an explanation of the situation. The person(s) listed must currently be living with the parent(s) **and** receive more than half of their financial support from the parent(s). If dates and an explanation are not given, the person(s) **will not** be included in the household. (If there are more than two dependents, attach a separate sheet.)

Name of dependent listed above, not an immediate family member:	Date entered Household	Date exited Household
Explanation:		
Name of dependent listed above, not an immediate family member:	Date entered Household	Date exited Household
Explanation:		
WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.		

Parent Signature & Date (Required. **DO NOT SIGN ELECTRONICALLY**)

TO RETURN THIS FORM: Email to: NWK-studentfinancialservices@mail.cotc.edu (or) Fax to: 740-364-9533 (or) Mail to: COTC, Student Financial Services, 1179 University Dr, Newark OH 43055