



2023-2024 Verification of Student Household

Student Name: _____ COTC ID:

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

- The student.
- The student's spouse if married.
- The student's or spouse's children, if the student or spouse will provide **more than half** of the children's support from July 1, 2023, through June 30, 2024, even if the children do not live with the student.
- Other people if they now live with the student **and** the student/spouse provides **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 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, 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.

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 student and an explanation of the situation. The person(s) listed must currently be living with the student **and** receive more than half of their financial support from the student. 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.

Student 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