



2021-2022 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, 2021 through June 30, 2022, 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, 2022.

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, 2021 and June 30, 2022, 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 2021-22	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
				<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: **UPLOAD** all forms and documents in the **Student Assistance Portal**. Select the "Assistance" icon in the upper right-hand corner of the screen, followed by "Submit Financial Aid Documents" from the drop-down menu. **FAX** to: 740-364-9533, or **MAIL** to: COTC, Student Financial Services, 1179 University Dr., Newark OH 43055. **DO NOT submit this form via email** as it will not be accepted.