

**Verification of Household Members**  
Federal Student Aid Programs

To complete verification for 2021-2022, we need to verify the following information. Federal regulations give our office the right to request this information before awarding financial aid. After reviewing, WVC may make corrections electronically to have your information reprocessed. To avoid delays in processing your financial aid, please return verification items as soon as possible.

*Wenatchee Valley College must review the requested information, under the financial aid program rules (CFR Title 34, Part 668).*

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

**A. STUDENT INFORMATION**

\_\_\_\_\_ ID#: \_\_\_\_\_  
 Last Name First Name MI \*\*ctcLink ID required\*\*  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Address (include apt # if applicable) Date of Birth  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 City State ZIP Code Daytime Phone (include area code)

**B. FAMILY INFORMATION**

List current household members as directed below. If any household member will be attending college at least half time, enrolled in a degree or certificate program, include the name of the college. If you need more space, attach a separate page.

**\*\*If you have any questions about who to include in your household, contact the financial aid office.\*\***

**Include:**

- Yourself (list yourself first)
- Your spouse (if married, not separated)
- Your children (under age 24), if you will **provide more than half of their support from July 1, 2021 through June 30, 2022.**

**Include other people as part of your household ONLY IF:**

- They are currently living with you, **and you provide more than half of their support and you will continue to provide more than half of their support from July 1, 2021 through June 30, 2022.**

**Documentation of support may be required**

Full Name	Age	Relationship	College
<i>(example) Martha Jones</i>	<i>24</i>	<i>Wife</i>	<i>City University (example)</i>
		STUDENT	Wenatchee Valley College

**Sign This Worksheet**

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct.

\_\_\_\_\_  
 Student Date  
 \_\_\_\_\_  
 Spouse (optional, not required) Date

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Return this completed form **(with required documents)** to:  
**Wenatchee Valley College** Phone 509-682-6810  
 Financial Aid Office Fax 509-682-6811  
 1300 5<sup>th</sup> Street – Wenatchi Hall Email: financialaid@wvc.edu  
 Wenatchee WA 98801 http://www.wvc.edu

For  V1  V4  V5  0B  5#  5\$  
 Office TR/EFC \_\_\_\_\_ / \_\_\_\_\_  OK or  
 Use  Corrected to \_\_\_\_\_ / \_\_\_\_\_  
 Only: Initials: \_\_\_\_\_ Date: \_\_\_\_\_