2018-2019 Enrollment Verification Form
INDEPENDENT STUDENTS

DELAWARE VALLEY UNIVERSITY

Office of Financial Aid
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SECTION A. Student Information

Student Name _____ Student ID # _____
Last First Middle

The information you provided on your FAFSA indicated that you have other household members enrolled in a post-secondary institution for the 2018-2019 academic year.

It is the policy of the Office of Financial Aid to review this information, as household members may ultimately change their enrollment status, or enroll at an institution other than the one previously indicated. To facilitate this process, we ask that you complete the Household Verification Form and return it to us as soon as possible.

SECTION B. Number of Household Members and Number in College (Independent Student)

Number of Household Members: List below the people in the student's household. Include:

- The student
- The student's spouse, if the student is 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, 2018, through June 30, 2019, even if the children do not live with the student
- Other people if they now live with the student and the student or spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2019.

Number in College: Include below enrollment information about any household member who 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, 2018, and June 30, 2019. Include the name of the college.
If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Date of Birth (mm/dd/yy)	Relationship	College	Will be enrolled at Least Half Time (Yes or No)	Enrolled as Undergraduate or Graduate Student
		Self			
		Spouse			

SECTION C. Certification Statement

I declare the information on this form is true, complete, and accurate to the best of my knowledge. I understand the information on this form will be used to verify the financial aid information provided and may require further follow up from the Office of Financial Aid. Upon review, the Office of Financial Aid may request additional information.

Student Signature (REQUIRED)_____ Date _____

Spouse Signature (OPTIONAL)_____ Date _____