2019-2020 Enrollment Verification Form
DEPENDENT STUDENTS

DELAWARE VALLEY UNIVERSITY

Office of Financial Aid
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Federal School Code: 003252

SECTION A. Student Information

Student Name _____ Student ID # _____
Last First Middle

The information you provided on your FAFSA indicated that you have siblings enrolled in a post-secondary institution for the 2019-2020 academic year.

It is the policy of the Office of Financial Aid to review this information, as siblings 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 (Dependent Student)

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

- The student
- The parents (including a stepparent) even if the student doesn't live with the parents
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2019 through June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA for 2019-2020. 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 the other people's support and will continue to provide more than half of their support through June 30, 2020.

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, 2019, and June 30, 2020. Include the name of the college.

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			
		Parent			

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 _____ Date _____

Parent Signature _____ Date _____