



STUDENT NAME: Samuel Lothamer
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 CITY, STATE, ZIP: Kalamazoo, MI, 49009

WMU Student Financial Aid
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 Kalamazoo MI 49008-5337
 (269) 387-6000
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2019-20 DEPENDENT HOUSEHOLD VERIFICATION WORKSHEET

Your application was selected for review in a process called "Verification". WMU will verify information from your Student Aid Report (SAR). If there are differences between your application and your financial documents, we will make corrections that may result in an increase or decrease in your eligibility for financial aid programs.

Family Information

List the people in the parent's household, including:

- The student and the parent(s) (including stepparent) even if the student doesn't live with the parents, and
- The parents' other children, if either:
 - a) The parents will provide more than half of the children's support from July 1, 2019 through June 30, 2020 OR
 - b) The other children would be required to provide parental information if they were completing a FAFSA for 2019-20.
 Include children who meet either of these standards, even if a child does not live with the parents.
- Other people if they now live with the parents, and the parents provide more than half of their support, and will continue to provide more than half of that person's support through June 30, 2020.

Write the names of all household members in the space(s) below. Number in College: Include in the space below information about any household member, excluding the parents, who is, or 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	AGE	RELATIONSHIP	COLLEGE	ENROLLED AT LEAST HALF TIME?
Samuel Lothamer	19	Self	Western Michigan University	Yes
Mathew Lothamer	42	Father		
Bethany Lothamer	38	Mother		
Ethan Lothamer	18	Brother	Kellogg Community College	Yes
Isaac Lothamer	12	Brother		
Reuben Lothamer	8	Brother		

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

REQUIRED SIGNATURES

By signing this worksheet, I certify that all the information reported on it is complete and correct. I understand that purposely giving false or misleading information regarding eligibility for Federal or State aid may result in fines, jail terms or both. I will provide any additional documentation required.

PARENT SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

Return your completed form to Bronco Express on the lower level of the Bernhard Center. You may also email or mail to the address above. Be sure to include your name and WIN on all pages. Missing information may delay the processing of financial aid.