

# WAUKESHA COUNTY TECHNICAL COLLEGE

## 2023–2024 Proof of Dependents Verification

Financial Aid Department  
800 Main Street, Room C-019  
Pewaukee, WI 53072  
262.691.5436 (Phone); 262.691.5123 (Fax)  
money@wctc.edu

### Student Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of birth: \_\_\_\_\_

List all dependents for whom you will provide more than 50% of the support for between July 1, 2023 and June 30, 2024.

Full Name	Birth Date	Relationship to the student	Does the person live with you?

Please answer the questions 1-7 regarding the individuals you support in your household and your expected income.

**\*Do not leave any questions blank**

1. Do you provide health insurance for the individual(s) listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no</b> , who provides the medical coverage for the individual(s)?
2. Will you be claiming the above individual(s) as dependents on your 2023 Federal Tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no</b> , who will be claiming them?
3. Will you receive child support for any of the individuals listed above between July 1, 2023 and June 30, 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , how much?
4. Will you pay child support for any of the individuals listed above between July 1, 2023 and June 30, 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , how much?
5. What is your estimated gross income between July 1, 2023 and June 30, 2024 (e.g. wages from work, unemployment, alimony, business income, farm income, etc.)?	\$
6. What would be your other expected untaxed income between July 1, 2023 and June 30, 2024 (e.g. Social Security or SSI, Workers Compensation, etc.)?	\$
7. Are you receiving any of the following assistance or benefits?	
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC <input type="checkbox"/> Yes <input type="checkbox"/> No
FoodShare/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	Section 8 Housing <input type="checkbox"/> Yes <input type="checkbox"/> No

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**Please describe in detail your living situation and how you support yourself and those listed on the previous page. Be sure to include who you live with, whether or not the mortgage or lease is in your name, and who is making the mortgage or lease payments if they are in your name.**

**Complete the table below** to demonstrate how you are providing more than 50% of financial support to those listed on page one. Do not leave anything blank.

Type of Expense	Monthly Cost You Pay
Housing (rent, mortgage, etc)	\$
Food	\$
Utilities (gas, water, electric)	\$
Phone, Internet, Cable	\$
Transportation (car, gas, insurance, etc)	\$
Childcare	\$
Clothing	\$
Other:	\$

**Signature**

By signing this worksheet, you certify that the information provided on this form and the attached statement is true and correct to the best of your knowledge. You are aware that if you intentionally give false or misleading information on this form, you may be fined, sentenced to jail, or both. **A physical signature is required; Typed signatures are not acceptable.**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed form to:**

**WCTC Financial Aid Department**  
 Enrollment Center, Room C-019  
 800 Main Street, Pewaukee, WI 53072  
 262.691.5123 (Fax)  
 money@wctc.edu

