WAUKESHA COUNTY TECHNICAL COLLEGE

2025-2026 Dependent Student Asset Confirmation Form

Financial Aid Department 800 Main Street, Room C-019 Pewaukee, WI 53072 262.691.5578 (Phone); 262.691.5123 (Fax) money@wctc.edu

Student Information			
First name:Last name:			
Student ID:Date of birth:			
Please fill in the required information:			
As of the date you and your parent signed the FAFSA:		Student	Parent(s)
What was your total balance of cash, savings and checking acco	ounts?	\$	\$
What was the net worth of your investments, including real estate	e? *	\$	\$
What was the net worth of businesses and/or investment farms?	**	\$	\$
entrance, kitchen, and bath rented to someone other than a family mentural funds, certificates of deposit, stocks, stock options, bonds, or the refund value of 529 state prepaid tuition plans, installment and like the home you live in, the value of lift checking accounts reported above. **Business and/or investment farms include businesses that you farms that you own (including the fair market value of land, building investment farms, agricultural, or commercial activities). Net Worth means the current value, as of the date the FAFSA was debts related to those same investments, businesses, and/or investments with a negative value.	ther securities, Coverdell savings and sale contracts (including more insurance, ABLE accounts, retou own (including a small or familys, livestock, unharvested crops, s signed, of investments, business	accounts, 529 collegages held), commirement plans, or continuous y-run business) or and machinery access, and/or invest	ege savings plans, nodities, etc. eash, savings, and income-producing ctively used in
Signatures			
By signing this worksheet, you and your parent(s) certify that all information reported to qualify for federal student aid is complete and correct. Physical signatures are required; Typed signatures are not acceptable.	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.		
Student signature	Date		
Parent 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

