WAUKESHA COUNTY TECHNICAL COLLEGE

Date

2025–2026 Housing 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

Eligibility for need-based financial aid is based on your FAFSA and on the costs you incur while pursuing your education. Please complete and submit this form to confirm your living situation for this academic year.

Student Information	
First n	ame:Last name:
Stude	nt ID:Date of birth:
Hous	ing Information
For the	e 2025-2026 academic year (select one):
	☐ I will live with my parents/ family/ guardian.
	\square I will NOT live with my parents/ family/ guardian and will be required to pay rent or a mortgage.
Certif	fication and Signature
I certif	y that,
•	To the best of my knowledge, the information provided on this form is correct and complete.
•	I understand that falsification of any information on this form will jeopardize my financial aid eligibility.
•	I understand that completing this form may or may not result in changes to my financial aid.
•	I understand that the Financial Aid Office may require further documentation to update my account.
•	I understand that WCTC will use a standardized value to update my cost of attendance and financial aid. If
	I have exceptional circumstances that result in significantly high living costs, I should contact the Financial
	Aid Office at my home campus to discuss my situation.

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

Student signature_____

