2019–2020 Independent Student Verification Worksheet

Student Information

First name: ___________________________________________ Last name: ___________________________________________

Student ID: ___________________________________________ Date of birth: ___________________________________________

Student Household Information

1. **List your spouse below, if you have one.** Do not list your spouse if you are divorced, separated, or widowed. If your spouse will be attending college at least half-time (6 credits or more) in a degree, diploma or certificate program between July 1, 2019 and June 30, 2020, please list the name of the college your spouse is attending.

<table>
<thead>
<tr>
<th>Full name</th>
<th>Date of birth</th>
<th>Relationship to Student</th>
<th>Name of College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Spouse</td>
<td></td>
</tr>
</tbody>
</table>

Read carefully and list:

2. **Your or your spouse’s children** if you will provide more than half of their support from July 1, 2019 through June 30, 2020.

3. **Other people only if** they live with you and receive more than half of their support from you, and will continue to receive this support from July 1, 2019 through June 30, 2020.

4. If any of the people listed below will be attending college at least half-time (6 credits or more) in a degree, diploma or certificate program between July 1, 2019 and June 30, 2020, please list the name of the college they are attending.

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<tr>
<th>Full name</th>
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**Sign this worksheet (Requires student signature; Spouse signature is optional)**

By signing this worksheet, you and your spouse certify that all information reported to qualify for federal student aid is complete and correct.

**WARNING:** If you or your spouse purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student signature ___________________________ Date ___________________________

Spouse signature ___________________________ Date ___________________________

(Optional)

**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

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