

WAUKESHA COUNTY TECHNICAL COLLEGE

2018–2019 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 name _____ Student ID number _____

List all dependent(s) who will receive more than half of their support from you between July 1, 2018 and June 30, 2019.		
Name	Age	Does the person live with you?

Please provide the following information regarding people you support and your expected income.	
1. Do you provide health insurance for the person(s) listed above? If no, how are the health care expenses handled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will you be claiming the above person(s) as dependents on your 2018 Federal Tax returns? If no, who will be claiming them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What would be your expected total taxable gross income between July 1, 2018 and June 30, 2019 (e.g. wages from work, unemployment, alimony, business income, farm income, etc.)?	\$ /12 mo
4. Will you receive child support for any of the persons listed above between July 1, 2018 and June 30, 2019? If yes, how much?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ /12 mo
5. What would be your other expected untaxed income between July 1, 2018 and June 30, 2019 (e.g. Social Security or SSI, Workers Compensation, etc.)?	\$ /12 mo
6. Will you pay child support for any of the persons listed above between July 1, 2018 and June 30, 2019? If yes, how much?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ /12 mo
7. Are you receiving any subsidies for the following: a. Medical Insurance? b. Housing? c. Utilities? d. Food Stamps?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. On an attached, typed sheet, please describe your living situation and how you support yourself and those listed above financially. (Be sure to include with 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. Also describe how you are providing more than 50% of financial support to those listed above.)	

I certify that the information provided on this form and the attached sheet is true and correct to the best of my knowledge. I am aware that if I intentionally give false or misleading information on this form, I may be fined, sentenced to jail, or both.

Signature _____ Date _____