

Student Name:	ID or SSN:
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Western Technical College

FINANCIAL AID

Fax: 608-789-4760 or Email: finaid@westerntc.edu

2023-2024 Verification of Support for Other Dependents

Your application was selected by the Department of Education for review in a process called “Verification.” In this process, the Western Technical College’s Financial Aid Resources and Planning Services will compare information from the FAFSA application. If there are differences between your application information and your financial documents, we may have to make electronic corrections to your application to have your information reprocessed. Complete this verification form and submit it to the Financial Aid Resources and Planning Services at Western as soon as possible so that your financial aid will not be delayed.

Household Information

You have indicated that you have a dependent(s), other than your children or spouse, who live with you and who receive more than half of their support from you, now through June 30, 2024. Please prove the following information for each dependent:

Name of Dependent	Age	Relationship to You

For the dependents listed above, who claimed them on the most recent tax return?

Name of Dependent	Name of person who claimed this dependent on the most recent tax return

Who claimed YOU (the student) on the most recent tax return? _____

Please outline how you specifically provided **over half of the financial support for you and your dependent(s)**.

Household Bill	Name on Current Bill	Paid by whom?	Amount?
Rent/ Mortgage			
Utilities (water, gas, etc)			
Phone			
Car Payment			
Insurance (auto, health, home)			
Food (estimate)			
Miscellaneous/ Other			

In the area below, please provide current income and resources YOU are receiving such as funds from wages, social security, child support, etc. This is income/ resources that are not reported on your FAFSA (which requested 2021 dollar amounts and we are requesting CURRENT dollar amounts) and will provide a clearer understanding of how you are supporting the household size reported on your verification worksheet.

Name of Income or Resource	Amount per Month

In the area below, please provide current income and resources YOUR DEPENDENT(S) are receiving such as funding from wages, social security, child support, etc.

Name of Dependent Receiving the Income or Resource	Name of Income or Resource	Amount per Month

By signing this worksheet, I certify that all the information reported on it is complete and correct.

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

Student's Signature _____

Date _____