

2018–2019 Minimal Income Statement Form

Student name _____ Student ID number _____

You reported an unusually low amount of household income on your 2018-2019 Free Application for Federal Student Aid (FAFSA). In order to document how the household was maintained on this amount of income, please complete this form and return it to our office.

Independent students need to complete information regarding student only. **Dependent students** need to complete information for both students and parent(s). If you do not know if you are Independent or Dependent, please contact the Financial Aid Office. If any question is left unanswered, this form will be returned to you, which will delay your application process.

I am a Dependent Student

(Student and Parent data required on the FAFSA)

(I do not meet the definition of Independent student shown below)

I am a Independent Student - you are able to state at least ONE of the following to be true:

- You were born before January 1, 1995.
- You were married, as of the day you filed the Free Application for Federal Student Aid (FAFSA).
- You have children for whom you will provide more than half of their support from July 1, 2018 through June 30, 2019.
- You have dependents (other than your children or spouse) who live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30,2019.
- When you were 13 years or older you were: and orphan (both parent’s deceased), in foster care, or a ward/dependent of the court.
- You are a veteran of the U.S. Armed Forces.
- You are currently serving on active duty in the U.S. Armed Forces for purposes other than training.
- You are an emancipated minor as determined by a court in your state of legal residence.
- You are in legal guardianship as determined by a court in your state of legal residence.
- You are an unaccompanied homeless youth determined by either: your high school or school district homeless liaison, the director of an emergency shelter program funded by HUD, or director of a runaways or homeless youth basic center transitional living program.

Please be specific and report information for the calendar year 2016, not the current year. Parent information only required when student is considered Dependent.

| Student (and Spouse) Amount Received for the Year 2016 | Source of Income and Support | Parent(s)/Stepparent(s) Gross Amount Received for the Year 2016 |
|--|--|---|
| \$ | Student’s income from work. (Provide Wage and Income Transcript) | \$ (Indicate which parent) |
| \$ | Spouse’s income from work. (Provide Wage and Income Transcript) | \$ (Indicate which parent) |
| \$ | Unemployment | \$ |
| \$ | Workman’s Comp | \$ |
| \$ | Food Stamps | \$ |
| \$ | Child Support | \$ |
| \$ | Financial Aid | \$ |
| \$ | Parent/Other Relatives/Friend | \$ |
| \$ | SSI | \$ |
| \$ | Disability | \$ |
| \$ | Welfare | \$ |
| \$ | AFDC | \$ |
| \$ | TANF/W2 | \$ |
| \$ | WIC | \$ |
| \$ | Veteran’s Non-education Benefits | \$ |
| \$ | Pension/retirement funds | \$ |
| \$ | Other Source: | \$ |



WAUKESHA COUNTY TECHNICAL COLLEGE

Financial Aid Department
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 262.691.5436 (Phone); 262.691.5123 (Fax)
 money@wctc.edu

To be completed by Student (and Spouse, if married):

| Who provides the following to the STUDENT? | Amount per month in 2016 | From what source is this being paid? (i.e. I lived with aunt; money earned from my job; I lived with a friend) |
|--|--------------------------|---|
| Car expenses, gas, insurance, bus fare | \$ | |
| Rent/mortgage | \$ | |
| Utilities | \$ | |
| Food | \$ | |
| Personal care (clothing, hygiene, etc.) | \$ | |
| Child care expenses | \$ | |

To be completed by Parent(s)/Step-parent(s) (Dependent Students Only):

| Who provides the following to the Parent? | Amount per month in 2016 | From what source is this being paid? (i.e. I lived with aunt; money earned from my job; I lived with a friend) |
|---|--------------------------|---|
| Car expenses, gas, insurance, bus fare | \$ | |
| Rent/mortgage | \$ | |
| Utilities | \$ | |
| Food | \$ | |
| Personal care (clothing, hygiene, etc.) | \$ | |
| Child care expenses | \$ | |

Use the space below to provide additional comments needed to explain how the household was maintained on the reported income and to report changes in income and/or living accommodations.

By signing this worksheet, you certify that all information reported to qualify for federal student aid is complete and correct. Both parent and student MUST sign if student is Dependent.

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

Student

Date

Parent

Date



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