

Financial Aid | finaid@nwtc.edu
 2740 W Mason Street
 Green Bay WI 54307-9042
 Phone: 920-498-5444 • Fax: 920-491-2619

 First Name Last Name

Student ID: _____

2020-21 Verification of Support for Other Dependents

You answered "YES" to this question on the FAFSA:

52. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2021?

A student is considered to have dependents for financial aid purposes as long as they are the one providing over half of the financial support and will continue to until June 30, 2021.

- If you are stating that you provide more than half the support for someone who is not your child or spouse, please provide the following information for each dependent:

| Name of Dependent | Age | Relationship to You |
|-------------------|-----|---------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

- 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 most recent tax return? |
|-------------------|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

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

4. Please outline how you are specifically providing 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 (landline/cellular) | | | |
| Car Payment | | | |
| Insurance (auto, health, home) | | | |
| Food (estimate) | | | |
| Miscellaneous | | | |

5. 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 received that are not reported on your FAFSA (which requests 2018 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 |
|----------------------------|------------------|
| | |
| | |
| | |

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

| Name of Income or Resource | Amount per Month |
|----------------------------|------------------|
| | |
| | |
| | |

Certification and Signatures

By signing this worksheet certifies that all the information reported on it is complete and correct. The student must sign and date.

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

No electronic signatures accepted. Please watch your NWTC email for your next communication.

Failure to submit the requested information may prevent processing of your financial aid.