



Office of Financial Aid

LOW INCOME – FAMILY BUDGET FORM

NAME: _____ SS#: _____

Dear Student:

The Income reported on your financial aid applications (i.e. FAFSA) does not give our office a clear picture of how your family met their expenses for the 2016 calendar year. Please complete this form so that we can better evaluate your eligibility for financial aid.

Please be aware that total income includes:

Income earned from work (whether or not a tax return was filed ,) Social Security benefits, AFDC (AID to Families with Dependent Children), Support to the household expenses from other family members, unemployment benefits, child support, untaxed portion of pensions, Workmen’s Compensation benefits, support in kind (i.e. Military or Clerical living allowances.

Please return this form with complete answers to the following questions, within 14 days.

1. What is the total monthly income for the Household? \$ _____
What is/are the source(s) of this income? _____
2. List other family members who are providing support to the household and the amount of that support:

3. What is the monthly cost of housing and utilities? \$ _____
From what income source is this amount paid? _____
4. What is the approximate monthly cost of food, clothing, car payment/ upkeep, medical care/insurance? \$ _____
From what income source are these amount paid _____

Please be aware that we may ask you for rent receipts, utility bills, etc. We will hold your application for aid on hold until we receive the above information. If you have already been awarded, no aid will be credited to your account until this information is received.

_____/_____/_____ / _____/_____ / _____

Student Signature Date Spouse or Parent Signature Date