Income and Expense Worksheet for 2020-2021 Aid Applicants

Student Name:			
		eation materials is unusually low e may understand your expenses	
	month in the categor	your household CURRENTLY ries listed below. For any categor	
Rent/Mortgage/Taxes \$ Electric/Fuel Utilities \$ Medical Insurance \$ Car Insurance \$ Car Payment \$ Food \$ Clothing \$ Telephone \$ OTHER: (Please provide t	erage/month)	Work Income Interest and Dividend Inco Child Support Alimony Social Security Unemployment Comp. Depletion of Savings Welfare Benefits Personal Loan Received: (Assets Sold/Cashed In: (Pl	\$
### S		OTHER INCOME BENEFIT: (Please describe) S FINANCIAL GIFT: (Please include any bills paid on your behalf by someone else, but not considered a loan) S S S FINANCIAL GIFT: (Please include any bills paid on your behalf by someone else, but not considered a loan) S S S FINANCIAL GIFT: (Please describe) S FINANCIAL GIFT: (Please include any bills paid on your behalf by someone else, but not considered a loan)	
SIGNATURE: I certify th	_	NOT Be Greater Than Resonant provided is true and complete	
Signature:		Date:	
Signature:		Date:	

NOTE: Resources must equal or be more than expenses. Incomplete, inaccurate, or illegible entries will delay the financial aid process.