

Customer: _____ SSN: [] [] [] - [] [] [] - [] [] [] [] Month: _____

Monthly Revenues (Income)	Monthly Expenses (Outgo)
<p>A. Income (Active)</p> <p>1 Wages _____</p> <p>2 Self Employment _____</p> <p style="padding-left: 40px;">Total Active Income _____</p> <p>B. Assistance</p> <p>1 Educational Grants _____</p> <p>2 V A Benefits _____</p> <p>3 Housing Assistance _____</p> <p>4 TANF Benefits _____</p> <p>5 Food Stamps _____</p> <p>6 Other: _____</p> <p>7 _____</p> <p>8 _____</p> <p style="padding-left: 40px;">Total Assistance _____</p> <p>C. Income (Passive)</p> <p>1 Interest _____</p> <p>2 Dividends _____</p> <p>3 Rental Income _____</p> <p>4 Retirement _____</p> <p>5 Social Security _____</p> <p>6 Other: _____</p> <p>7 _____</p> <p>8 _____</p> <p style="padding-left: 40px;">Total Passive Income _____</p> <p style="padding-left: 40px;">Total Monthly Revenues _____</p> <p>F. Other Family Resources</p> <p>1 Severance benefits _____</p> <p>2 One time settlement _____</p> <p>3 Employer educational or tuition benefits _____</p> <p>4 Veterans Benefits _____</p> <p>5 Other _____</p> <p style="padding-left: 40px;">Total Family Resources _____</p>	<p>D. Residential Expenses</p> <p>1 Rent or Mortgage _____</p> <p>2 Gas _____</p> <p>3 Electricity _____</p> <p>4 Telephone _____</p> <p>5 Water _____</p> <p>6 Trash Pick-up _____</p> <p>7 Other: _____</p> <p>8 _____</p> <p style="padding-left: 40px;">Total Residential Expenses _____</p> <p>E. Other Expenses</p> <p>1 Food _____</p> <p>2 Transportation</p> <p style="padding-left: 20px;">a. Gas/Oil _____</p> <p style="padding-left: 20px;">b. Insurance _____</p> <p style="padding-left: 20px;">c. Bus Fare _____</p> <p>3 Personal Hygiene _____</p> <p>4 Clothing _____</p> <p>5 Child Care _____</p> <p>6 Medical _____</p> <p>7 Cable _____</p> <p>8 Other: _____</p> <p>9 _____</p> <p style="padding-left: 40px;">Total Other Expenses _____</p> <p style="padding-left: 40px;">Total Monthly Expenses _____</p>

CERTIFICATION

I certify the information I have provided on this form is true and correct to the best of my knowledge. Additionally, I have been informed if it is subsequently determined that this information is misrepresented, I may be liable to repay any funds received as a result of this misrepresentation. If I receive any notification that the information represented has/will change, I will notify Workforce Solutions Personal Service Representative immediately.

Customer Signature

Date

I certify that all the information recorded here is a true and accurate reflection of the information provided by the customer identified above.

Workforce Solutions Financial Aid Specialist

Date