

**SALEM STATE COLLEGE
FINANCIAL AID OFFICE**

2009-2010 Income Expense Worksheet

Name: _____

Date: _____

Student ID #: _____

Status: **Dependent***

***Fill this out if you included your parents information on the FAFSA**

Your Parent's income as reported on your financial aid application appears low. Please complete this worksheet so that we may accurately assess *your parent's* financial situation. The income and expenses information pertains to the *year ending 2008*.

PARENT'S INCOME		PARENT'S EXPENSES	
Earnings from Work	\$ _____	Rent (If "0" please explain) _____ _____ _____	\$ _____
Unemployment Benefits	\$ _____	Utilities	\$ _____
AFDC	\$ _____	Food	\$ _____
General Relief	\$ _____	Clothing	\$ _____
Food Stamps	\$ _____	Transportation	\$ _____
Social Security	\$ _____	Personal	\$ _____
Veterans Benefits	\$ _____	Others (List) _____	\$ _____
Rehabilitation	\$ _____		\$ _____
Rental Subsidy	\$ _____		\$ _____
Support from Others (specify source) _____	\$ _____		\$ _____
Other Income (specify Source) _____	\$ _____		\$ _____
Total	\$ _____	Total	\$ _____

If expenses exceed income, you must provide detailed written explanation as to how your expenses were met.

Parent Signature: _____ **Date:** _____

**SALEM STATE COLLEGE
FINANCIAL AID OFFICE**

2009-2010 Income Expense Worksheet

Name: _____

Date: _____

Student ID #: _____

Status: **Independent***

***Fill this out only if you DID NOT included your parents information on the FAFSA**

Your income as reported on your financial aid application appears low. Please complete this worksheet so that we may accurately assess *your* financial situation. The income and expense information pertains to the *year ending 2008*.

STUDENT'S INCOME		STUDENT'S EXPENSES	
Earnings from Work	\$ _____	Rent (If "0" please explain) _____ _____ _____	\$ _____
Unemployment Benefits	\$ _____	Utilities	\$ _____
AFDC	\$ _____	Food	\$ _____
General Relief	\$ _____	Clothing	\$ _____
Food Stamps	\$ _____	Transportation	\$ _____
Social Security	\$ _____	Personal	\$ _____
Veterans Benefits	\$ _____	Others (List) _____	\$ _____
Rehabilitation	\$ _____		\$ _____
Rental Subsidy	\$ _____		\$ _____
Child Support	\$ _____		
Support from Others (specify source) _____	\$ _____		\$ _____
Other Income (specify Source) _____	\$ _____		\$ _____
Total	\$ _____	Total	\$ _____

If expenses exceed income, you must provide a detailed written explanation as to how your expenses were met.

Student Signature: _____ **Date:** _____