



Center for Student Financial Planning and Services
 99 Main Street
 Franklin MA, 02038
 Phone: 508-541-1518 Fax: 508-541-1941
 sfp@dean.edu

Office Use ONLY	
NEW _____	RET _____
LN _____	
ID _____	

2017-2018 BUDGET WORKSHEET

Student Name: _____ Student ID: _____

The income you reported on your 2017-2018 FAFSA appears insufficient to support the number of people in your household. Please complete this form to clarify how your family was able to meet their 2016 expenses.

Section 1: Federal Benefits Information

If anyone in your household received benefits from any of the following programs in 2015 or 2016, check each program that applies.

- Supplemental Security Income (SSI) Food Stamps (SNAP)
 Social Security Benefits Free or Reduced Price Lunch
 Medicaid TANF or WIC



If you checked at least one of the boxes above, STOP HERE, sign below and submit this for to the Center for Student Financial Planning. You do not need to complete the rest of this form.

Section 2: Income & Expenses

Please list **yearly** income & expenses

Income	Parent	Student	Expenses	Parent	Student
Wages	\$	\$	Rent/Mortgage	\$	\$
Unemployment	\$	\$	Utilities	\$	\$
Child Support <i>RECEIVED</i>	\$	\$	Transportation	\$	\$
Veteran's Benefits	\$	\$	Food	\$	\$
Cash Support Received	\$	\$	Clothing	\$	\$
Alimony	\$	\$	Medical/Dental	\$	\$
Other (please specify)	\$	\$	Child Care	\$	\$
	\$	\$	Other Please specify)	\$	\$
TOTAL	\$	\$	TOTAL	\$	\$

By signing this form, each person certifies that all the information is correct and complete.

Student Signature: _____ Date: _____

Parent/Spouse Signature: _____ Date: _____