



Assumption University

Office of Financial Aid
500 Salisbury Street
Worcester, MA 01609
Phone: (508) 767-7158
Fax: (508) 519-1286
Email: fa@assumption.edu

2020-2021 INCOME & EXPENSE CLARIFICATION FORM

Student Name: _____

Student ID#: _____

Please itemize your custodial parents' **monthly** income and all household expenses for the 2018 calendar year and your **best estimates** for the 2020-2021 academic year so that we can better understand how your custodial parents' are meeting their household expenses. **PLEASE LIST ALL DOLLAR FIGURES PER MONTH.**

Living Expenses	Monthly Expenses for 2018	Best Estimates of monthly expenses for 2020-2021 Academic Year (7/1/20-6/30/21)	Income Benefits and Resources (Gross)	Monthly Income for 2018	Best Estimates of monthly income for 2020-2021 Academic Year (7/1/20- 6/30/21)
Rent/Mortgage			Wages		
Utilities			Welfare Benefit		
Food			SNAP/Food Stamps		
Transportation (car payment, insurance, gas, bus fare, etc.)			Housing Subsidy		
Personal (Clothing, Misc. Expenses)			Cash Support		
Child Care			Social Security		
Medical			Child Support		
Other (specify)			Alimony		
			Unemployment		
			Pension Distributions		
			Rental Income		
			Other (specify)		
Totals			Totals		

If expenses are higher than income, please explain on a separate sheet how you meet your expenses.

Did you & your custodial parents live with someone who provided free room and board in 2018? **YES or NO**

1. If yes, with whom did you live? _____

a. If yes, is this arrangement continuing for 2020-2021? **YES or NO**

b. If yes, please list the estimated support (monetary value) in the "Housing Subsidy" section above.

I/we certify that the above information is complete and correct and may require further follow-up from the Office of Financial Aid.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____