



ASSUMPTION COLLEGE

WORCESTER, MASSACHUSETTS | ROME, ITALY

Office of Financial Aid
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Worcester, MA 01609
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2019-2020 INCOME & EXPENSE CLARIFICATION FORM

Student Name: _____ Student ID#: _____

The income you reported on your 2019-20 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 2017 expenses.

Section 1: Federal Benefits Information

If anyone in your household received benefits from any of the following programs in 2016 or 2017, check the box for each program that applies.*

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

*If you check at least one of the boxes above do not complete section 2. Sign below and submit this form to the Financial Aid Office.

Section 2: Income & Expenses

Please list annual income & expenses from January 1, 2017 – December 31, 2017.
If all responses are 0 or N/A, please attach a separate sheet explaining how you support yourself.

Income		Expenses	
Wages	\$	Rent/Mortgage	\$
Unemployment	\$	Utilities	\$
Child Support Received	\$	Transportation	\$
Veteran's Benefits	\$	Medical/Dental	\$
Cash Support Received	\$	Child Care	\$
Alimony	\$	Food	\$
		Clothing	\$
		Other: (Please specify)	\$
Total	\$	Total	\$

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

Student _____ Date _____

Parent/Spouse _____ Date _____

*We are not able to accept electronic signatures.