



DARE TO DO MORE

Financial Need Analysis Form

Last, First Name: _____ EMPLID#: _____

1. **Size of Household** (include only individuals you support or your parents support if you are dependent): ____
2. **Number of Household Members in College:** _____
3. **Income and Savings Information** – Students who are under the age of 24, not married and have no dependents must complete income for both themselves and their parents.

Please list your family's average monthly expenses in **2020**, even if those expenses were not paid by you. If you leave it blank it's assumed it's "0".

Monthly Expenses		Monthly Income	
Housing (Rent/Mortgage)	\$	Wages from all Jobs	\$
Transportation	\$	Unemployment Compensation	\$
Utilities/ Cell Phone	\$	Pension/ Retirement	\$
Food	\$	Workers Comp/Disability Income	\$
Clothing	\$	Social Security	\$
Childcare	\$	SNAP/WIC/TANF	\$
Medical/ Dental	\$	Child Support/ Alimony	\$
Miscellaneous	\$	Miscellaneous	\$
Total Expenses	\$	Total Income	\$

Certification and Signature(s)

I (we) hereby attest that all the information on this form is accurate to the best of my (our) knowledge. I (we) understand that providing false or misleading information can jeopardize my financial aid eligibility.

Student's Signature

Date

Spouse's / Parent's Signature

Date

FOR OFFICIAL USE ONLY

Application Date: _____ Amount Awarded: _____ Date Processed: _____