



Center for Student Financial Planning and Services
 99 Main Street
 Franklin MA, 02038
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2020-2021 BUDGET WORKSHEET

Student Name: _____ Dean College ID #: _____

The income you reported on your 2020-2021 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 2018 expenses.

Section 1: Federal Benefits Information

If anyone in your household received benefits from any of the following programs in 2018 or 2019, check each program that applies.

- | | |
|---|--|
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Food Stamps (SNAP) |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Free or Reduced-Price Lunch |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> 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 for **2018**

Income	Parent/Spouse	Student	Expenses	Parent/Spouse	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: _____