



Center for Student Financial Planning and Services
99 Main Street
Franklin MA, 02038
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2023-2024 BUDGET WORKSHEET

Student Name: _____ Dean College ID #: _____

The income you reported on your 2023-2024 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 2021 expenses.

Section 1: Federal Benefits Information

If anyone in your household received benefits from any of the following programs in 2021 or 2022, 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 for **2021**

Income	Parent/Spouse	Student	Expenses	Parent/Spouse	Student
Wages	\$	\$	Rent/Mortgage	\$	\$
Unemployment	\$	\$	Utilities	\$	\$
Child Support <u>RECEIVED</u>	\$	\$	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: _____

(electronic signatures are not acceptable)