



Center for Student Financial Planning and Services
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Franklin MA, 02038
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2024-2025 BUDGET WORKSHEET

Student Name: _____ Dean College ID #: _____

The income you reported on your 2024-2025 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 2022 expenses.

Section 1: Federal Benefits Information

If anyone in your household received benefits from any of the following programs in 2022 or 2023, 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 2022

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)