



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 **2019**, 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: _____