



Educational Income and Expense Form

Instructions

This form collects information about student financial aid that may affect DTA benefits.

Part A. For the Student:

- Complete this part and sign to allow your school to share the information.
- Give the form to your school Financial Aid Office to complete Part B.

Part B. For the School:

1. Check the student's enrollment status.
2. A. List any actual direct expenses for tuition, fees, loan origination fees and health insurance. If the student will live in campus housing, list the cost as "other."

B. List the student's other financial aid budget allowances.

C. If the financial aid budget includes actual dependent care costs, please list the amount, otherwise leave blank.

D. Do not list any allowances for off-campus living expenses, such as room and board, rent, mortgage, food or personal items.
3. A. Enter any awards from non-Title IV sources.

B. If the grantor has designated any non-Title IV aid for living expenses, list in the appropriate column. If there is no specific use designated, list the award only in the Total Amount column.

NOTE: An Institution Work-Study award is defined as using no federal funds.
4. If the student is or will be participating in a federally funded work study program, check yes or no. Do not list the amount.
5. Sign and date the form. Return the original to DTA:
 - By mail: DTA Document Processing Center, P.O. Box 4406, Taunton MA 02780-0420
 - By fax to (617) 887-8765.
6. If the student has educational expenses not included on this form, encourage the student to give DTA documentation of these expenses.

Educational Income and Expense Form
Massachusetts Department of Transitional Assistance

Give this form to DTA

- By mail: DTA Document Processing Center,
P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

Head of Household Name

Head of Household Agency ID or last 4 of SSN

Part A For the Student: Complete and give to the Financial Aid Office.

Student Name

Student Date of Birth

Name of School

My Student Financial Aid is for this enrollment period: ____ Academic Year ____ Fall
____ Spring ____ Summer ____ Other (From ____ to ____)

Program Type: ____ Associate ____ Bachelor ____ Graduate ____ Certificate ____ Other
(specify)

Expected Date of Graduation_____

Student Authorization

I authorize my school to give information about my financial aid to the Department of Transitional Assistance. The Financial Aid Office may continue to give DTA information that might affect my public assistance throughout the school year.

Student Signature

Date

Student Name _____

Head of Household Agency ID or last 4 of SSN _____

Part B: Breakdown of Student Financial Aid Awards and Expenses**1. Enrollment Status:** _____ ½time or more _____ less than ½ time**2. Allowable Educational Expenses**

Actual:	
Tuition	\$
Fees	\$
Loan Origination Fee*	\$
Health Insurance*	\$
Other (specify)	\$
	\$
	\$
Allowances/Expenses:	
Books/Supplies	\$
Transportation	\$
Other Course-Related Expenses	\$
Dependent Care**	\$
Other (specify)	\$
	\$
	\$
Total	\$

3. Non-Title IV Student Financial Aid

Source	Total Amount	Amount Designated for living expenses
MA Part-time	\$	
MA Cash Grant	\$	
Institution Grants	\$	
Institution Work Study***	\$	
MASS Grant (Non-SSIG)****	\$	
MA Performance Bonus	\$	
MA No Interest Loan	\$	
Gilbert Grant	\$	
Other (specify)	\$	
	\$	
	\$	
Total Designated for living expenses		\$

4. This student is or will be participating in federal work study. _____ YES _____ NO

Notes:

* List only if the charge will be paid by the student or financial aid.

** List only if the amount is used as part of the financial aid budget.

*** If you do not yet know the actual amount of earnings, list the authorized amount.

**** Any year there is no SSIG contribution to the MASS Grant Program, list all funds as Non-Title IV aid.

5.

School _____

Telephone _____

Date _____

Financial Aid Office Signature _____

Print Name _____

Dept. Use Only**For Cash & SNAP Benefits:**

Part 2 Designated living expenses total \$ _____

This is the total countable income for cash and SNAP benefits.

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For Cash Only:

Dependent Care \$ _____

Transportation \$ _____