



## 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.



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**

**3. Non-Title IV Student Financial Aid**

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

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)	\$	
	\$	
	\$	
<b>Total Designated for living expenses</b>		<b>\$</b>

**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

<b>Dept. Use Only</b>
<b>For Cash &amp; SNAP Benefits:</b>
Part 2 Designated living expenses total \$ _____
<b>This is the total countable income for cash and SNAP benefits.</b>
.....
<b>For Cash Only:</b>
Dependent Care                    \$ _____
Transportation                    \$ _____