



Financial Aid Office

2021-2022 MONTHLY INCOME FORM

Student's Name: _____ Eastern ID#: _____

2019 MONTHLY HOUSEHOLD INCOME Please write the actual monthly amount received.	Student/Spouse	Mother/Father
1. Taxable income from work (wages, salaries, tips)		
2. Social Security Benefits / SSI		
3. Veteran's Benefits		
4. Unemployment Compensation		
5. Welfare / AFDC / TANF / WIC		
6. SNAP (Food Stamps)		
7. Cash Assistance		
8. Money from family / friends		
TOTAL MONTHLY INCOME		

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(For Dependent Student's only)