



Financial Aid Office

**2022-2023 MONTHLY INCOME FORM**

Student's Name: \_\_\_\_\_ Eastern ID#: \_\_\_\_\_

<b>2020 MONTHLY HOUSEHOLD INCOME</b> Please write the actual <u>monthly</u> 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. Alimony received		
6. Child support received		
7. Welfare / AFDC / TANF / WIC		
8. SNAP (Food Stamps)		
9. Cash Assistance		
10. Money from family / friends		
<b>TOTAL MONTHLY INCOME</b>		

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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