

## 2023-2024 Income & Expense Questionnaire

Student Name:	CWID:				
The income you reported or your household.	1 your 2023-20	24 FAFSA appea	ars insufficient to support the r	number of peop	ole in
Please complete this form to documentation if needed)	o clarify how y	our family was a	ble to meet their 2021 expense	s. (Attach add	itional
Section 1: Federal Ben	efits Informa	ntion			
If anyone in your househo program that applies.	ld received ber	nefits from any of	f the following programs in 20	22 or 2023, ch	eck each
Supplemental Security Income (SSI)Food Stamps (SNAP)					
Social Security BenefitsFree or Reduced-Price Lunch					
Medicaid TANF or WIC					
Section 2: Income & Explease list yearly income & INCOME	-	ter \$0 for items t	hat don't apply.  EXPENSES	Student/ Spouse	Parent (s)
Wages			Home		
Veteran's Benefits			Utilities		
Child Support			Transportation		
Alimony			Food		
Worker's Comp			Insurance		
Unemployment			Child Care		
Foreign Income			Clothing		
Other (Please Specify)			Other (Please Specify)		
I certify that the information not accepted).	provided is tru	ne, complete, and	accurate to the best of my kno	owledge (electr	onic signatures
				/	
Student's Signature		Date	Parent/Spouse's Signatu	ıre	Date