



THE CITADEL

THE MILITARY COLLEGE
OF SOUTH CAROLINA

2026-2027 Income & Expense Questionnaire

Student Name: _____ **CWID:** _____

The income you reported on your 2026-2027 FAFSA appears insufficient to support the number of people in your household.

Please complete this form to clarify how your family was able to meet 2024 expenses. *(Attach additional documentation if needed)*

Section 1: Federal Benefits Information

If anyone in your household received benefits from any of the following programs in 2024 or 2025, check each program that applies.

<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Federal Housing Assistance	<input type="checkbox"/> Free/Reduced-Price Lunch	<input type="checkbox"/> TANF or WIC
<input type="checkbox"/> Earned Income Tax Credit	<input type="checkbox"/> QHP Refundable Credit	

Section 2: Income & Expenses

Please list **yearly** income & expenses, **enter \$0** for items that don't apply.

INCOME	Student/ Spouse	Parent (s)
Wages		
Veteran's Benefits		
Child Support		
Alimony		
Worker's Comp		
Unemployment		
Foreign Income		
Other (Please Specify)		

EXPENSES	Student/ Spouse	Parent (s)
Home		
Utilities		
Transportation		
Food		
Insurance		
Child Care		
Clothing		
Other (Please Specify)		

I certify that the information provided is true, complete, and accurate to the best of my knowledge (electronic signatures not accepted).

Student's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

Office of Financial Aid & Scholarships

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