

Eastern Connecticut State University
Financial Aid Office
83 Windham Street
Willimantic, CT 06226
(860) 465-5205
financialaid@easternct.edu

BUDRES
0809

STUDENT/FAMILY BUDGET AND RESOURCE STATEMENT

Student Name _____ Eastern ID _____
e-mail address: _____
cell phone – student: _____
cell phone – parent: _____

Your Free Application for Federal Student Aid (FAFSA) reflects an extremely low family income for the calendar year _____. Please indicate below how you (independent) and/or your family (dependent) lived and met expenses last year.

Please keep in mind that your application for financial aid is presently considered incomplete and cannot be processed until this form has been returned to our office. Please contact the Financial Aid Office if you should have any questions.

Please check all that apply:

- I (We) lived with family/friends last year and they provided support. You must list the value of support provided \$_____.
- I (We) received Public Assistance last year. The total amount received (excluding food stamps & rent) was \$_____ .
- I (We) received Social Security Benefits last year. The total amount received was \$_____ . (Please attach copies of all 1099 forms).
- OTHER:** Please explain and show specific dollar amounts:

****Please list (on reverse) ALL monthly expenses.**

MONTHLY EXPENSES

Rent/Mortgage \$
Heat \$
Electricity \$
Telephone \$
Cable/Direct TV \$
Health Insurance \$
Car Insurance \$
Car Fuel \$
Food \$
Clothing \$
Charge Cards \$
Miscellaneous \$

Explain:

I declare that the information reported on this form is true, correct, and complete.

Student Signature and ID #

Date

Parent Signature

Date