***Educational Income and Expense Form***

***Massachusetts Department of Transitional Assistance***

You may give us your verifications in any of the following ways:

* Mail your verifications to: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
* Fax to (617) 887-8765
* Upload to the DTA Connect App
* In person at your local DTA office.

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Head of Household Name Head of Household Agency ID or last 4 of SSN

**Part A For the Student: Complete and give to the Financial Aid Office.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Student Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School

**Student Authorization**

I authorize my school to give information about my financial aid to the Department of Transitional Assistance. The Financial Aid Office may continue to give DTA information that might affect my public assistance throughout the school year.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature Date**

EDUC-1 (Rev. 8/2017)

02-122-0817-05

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Head of Household Agency ID or last 4 of SSN

**Part B: For the School: Complete and send directly to DTA.**

1. Student’s Financial Aid is for this enrollment period: \_\_\_\_\_\_\_\_\_\_\_ Academic Year

\_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Other (from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_)

1. Program Type: \_\_\_\_\_ Associate \_\_\_\_\_ Bachelor \_\_\_\_\_Graduate \_\_\_\_\_ Certificate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other

(specify)

1. Expected Date of Graduation: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Enrollment Status:\_\_\_\_\_\_ ½ time or more \_\_\_\_\_\_ less than ½ time
3. Does this student receive financial aid through a MASS Grant? \_\_\_\_YES \_\_\_\_NO
4. Does this student participate in federal work study during the school year? \_\_\_\_YES \_\_\_\_NO

**NOTE:** “Yes” must only be designated if the student is actively participating in federal work study. If the student was awarded federal work study but is not actively participating in federal work study (for example, a position has not been designated), “No” must be designated.

1. Does this student receive non-federal grants, loans or scholarships?[[1]](#footnote-1) \_\_\_\_YES \_\_\_\_NO
2. Does this student live on campus? \_\_\_\_ YES \_\_\_\_ NO

a.) If YES: How much is this student charged for living expenses (room and board)? $\_\_\_\_\_\_\_\_

b.) Does the student have a meal plan designated to cover 2/3 of their meals?

\_\_\_\_YES \_\_\_\_NO

c.) Is any portion of living expenses covered by a non-federal funding source?

\_\_\_\_YES \_\_\_\_NO If YES: How much? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Telephone Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid Office Signature Print Name

Including, but not limited to, Gilbert Grant, MA Performance Bonus, MA No Interest Loan, MA Part-time or Cash Grant, and Institution Grants.

This institution is an equal opportunity provider.

1. [↑](#footnote-ref-1)