

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.

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

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 _____)

2. Program Type: ____ Associate ____ Bachelor ____ Graduate ____ Certificate
____ Other
(specify)

3. Expected Date of Graduation: _____

4. Enrollment Status: ____ ½ time or more ____ less than ½ time

5. Does this student receive financial aid through a MASS Grant? ____ YES ____ NO

6. 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.

7. Does this student receive non-federal grants, loans or scholarships?¹ ____ YES ____ NO

8. 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

¹ 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.