



REQUEST FOR STUDENT INCOME AND EXPENSES

State Form 42755 (R10 / 8-24)
FAMILY AND SOCIAL SERVICES ADMINISTRATION

Date (month, day, year)

* SOCIAL SECURITY NUMBER

This State agency is requesting disclosure of your Social Security number, under IC 4-1-8-1, in order to perform its statutory function. Disclosure is mandatory and this form will not be processed without it.

NOTICE OF CONFIDENTIALITY

The information obtained on this form is confidential under state and federal regulations, including 470 IAC 1-2-7, 470 IAC 1-3-1, 470 IAC 6-1-1, 405 IAC 1-1-12, 45 CFR 205.50, 7 CFR 272.1 (c), and 42 CFR 431.300. This information will not be released except as permitted or required by law or with the consent of the applicant / recipient whose signature appears below.

TO: (Name and address (number and street, city, state, and ZIP code) of school)

RE:

Name of student
Case number
Case name (if different)

ATTENTION: Financial Aid Office

The student referenced above is part of a household which has applied for or currently receives benefits from one or more of the following programs: Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and/or Medicaid. In order to determine the eligibility and/or benefit level for this household, information concerning financial aid must be obtained from your office. This information will be used only for the purpose of determining if any income must be included in budgetary calculations required by these programs.

Please complete the appropriate information requested on the reverse side of this letter and return this form as soon as possible to the Family and Social Services Administration as indicated below.

Thank you for your cooperation in this matter.

RETURN TO:
Family and Social Services Administration
P.O. Box 1810
Marion, IN 46952

Fax: (888) 436-9199

Name of student	Social Security number * XXX - XX -
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I. ENROLLMENT

Name of school	
The student attends: <input type="checkbox"/> Less than half time <input type="checkbox"/> Half time or more <input type="checkbox"/> Full time	The student is enrolled in: <input type="checkbox"/> A graduate program <input type="checkbox"/> An undergraduate program
Is a GED or diploma required for enrollment in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, in student's curriculum? <input type="checkbox"/> Yes <input type="checkbox"/> No

II. TYPE OF STUDENT ASSISTANCE / EXPENSES

Name of Assistance	Date Income Disbursed to the Student <i>(month, day, year)</i>	Months Involved in Period Provided for <i>(whole or part)</i>	Total Amount	Expenses		
				Tuition	Mandatory Fees Charged by School	Origination and Insurance Fees on Loan
PELL Grant	___/___/___	_____ thru _____	\$	\$	\$	\$
Educational loan Name: _____	___/___/___	_____ thru _____	\$	\$	\$	\$
Other Name: _____	___/___/___	_____ thru _____	\$	\$	\$	\$
Other Name: _____	___/___/___	_____ thru _____	\$	\$	\$	\$
VA Benefits Name: _____	___/___/___	_____ thru _____	\$	\$	\$	\$

III. WORK STUDY PARTICIPATION

Date participation begins <i>(month, day, year)</i>	Date participation ends <i>(month, day, year)</i>
Is Work Study funded under Title IV of the Higher Education Act? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Day of week / date(s) during month student is paid	Check here if pay date varies: <input type="checkbox"/>
Gross amount received	Check here if gross amount varies: <input type="checkbox"/>
Student is paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	

IV. ADDITIONAL EXPENSES

Please list below any amount of assistance listed in Section II and III that is earmarked for fees, books, supplies, transportation and other miscellaneous personal expenses (other than living expenses; shelter, clothing and food) incidental to attending your institution. If funds are earmarked for dependent care please list separately.

Expense	Months Involved	Amount
	_____ thru _____	\$
	_____ thru _____	\$
	_____ thru _____	\$
	_____ thru _____	\$
	_____ thru _____	\$

Signature of person completing this form	Title	Date <i>(month, day, year)</i>
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