Financial Affidavit of Family of Applicant Residing in Same Household

* Applicants May Substitute The $\frac{\text{Free Application For Federal Student Aid}}{\text{Requested Below}}$ (FAFSA) For Information

FAMILY INCOME (Averaged on a monthly basis):	
1. Workers' Compensation Payment	\$
2. Disability Insurance	
3. Other Insurance Payments	
4. Current Income of Spouse of Injured or Deceased Employ	yee
5. Additional Income of other Dependents of Injured or Dece	ased
Employee Residing in Same Household with Applicant	
6. Student Applicant's Income	
7. Income and Names of other family members living at hon	ne
8. Financial assistance from any state or federal agency	
Name of Agency:	
9. All other sources of Income	
TOTAL MONTHLY INCOME:	\$
FAMILY EXPENSES (Averaged on a Monthly Basis):	
1. Rent, House Payment	\$
2. Food	
3. Clothing/Incidentals	
4. Medical/Dental Bills not covered by Workers' Compensation	
5. Car Payments	
6. Utilities (Gas, Electric, Water & Phone)	
7. Insurance (Health, Home & Auto)	
8. Other Payments	
TOTAL MONTHLY EXPENSES:	<u> </u>
TOTAL MONTHLY EXPENSES.	\$
FAMILY ASSETS:	LIABILITIES OF FAMILY:
1. Cash on Hand/Banks \$	Real Estate Mortgage \$
2. Stocks, Bonds, Notes	2. Auto Loans
3. Real Estate	Other Bank Notes/Loans
4. Autos	4. Other Bills Including
5. Other Property/Assets	Credit Cards
TOTAL ASSETS \$	TOTAL LIABILITIES \$