

Financial Aid Office

2025-2026 MONTHLY INCOME FORM

Student's Name: _____ Eastern ID#: _____

2023 MONTHLY HOUSEHOLD INCOME Please write the actual <u>monthly</u> amount received.	Student/Spouse	Mother/Father
1. Taxable income from work (wages, salaries, tips)		
2. Social Security Benefits / SSI		
3. Veteran's Benefits		
4. Unemployment Compensation		
5. Alimony received		
6. Child support received		
7. Welfare / AFDC / TANF / WIC		
8. SNAP (Food Stamps)		
9. Cash Assistance		
10. Money from family / friends		
TOTAL MONTHLY INCOME		

Student's Signature:	Date:
Parent's Signature:	Date:
(For Dependent Student's only)	
Please return completed form to the Financial Aid Off	ice.
1300 Eagle Rd., St. Davids, PA 19087 Phone: 610-225-5102 Fax: 610-225-56	51 Email: finaid@eastern.edu