

BENNINGTON COLLEGE

Name: _____

Independent Student's Expected Household Income 2027

LIST ALL HOUSEHOLD INCOME FOR THE CALENDAR YEAR 2027	MONTHLY	TWELVE MONTHS
Income from work/business		
Severance payment(s)		
Unemployment benefits		
VA benefits, pension or annuity income		
Social Security benefits (total for household)		
Child support or alimony received		
AFDC/ADC		
General Relief		
Food Stamps		
Section 8 Housing Supplement		
State assistance for heating expenses		
** Value of food, shelter, clothing, cash, etc. provided by another person or group **		
** Value of bills paid by another person or group (partner, church, employer, etc.) **		
Estate/trust / inheritance income		
Interest or dividend income		
Expenditures from savings		
Loan funds utilized		
Credit card debt utilized		
Other household income; please list		
TOTAL		

** If support received from or expenses paid by someone outside the household:

Name of person _____ Relationship _____

Tell us about the change from your prior-year circumstances that led to requesting that we use coming income as a truer indication of your finances and aid eligibility:

By signing this worksheet, I (we) certify that all information reported is complete and correct.

Student Signature _____ Date: _____

Spouse's Signature _____ Date: _____