

**Department of Transitional Assistance  
Educational Income and Expense Form  
EDUC-1**

**Return to: (Department must complete)**

\_\_\_\_\_  
Transitional Assistance Office

\_\_\_\_\_  
Worker Name (Printed, please)

\_\_\_\_\_  
Transitional Assistance Office Address

\_\_\_\_\_  
Telephone

**Please Print Throughout**

**Part A: Student must complete and bring or mail to the appropriate Financial Aid Office.**

Information about Student Financial Aid covering the enrollment period indicated below:

Academic Year \_\_\_\_\_ Fall \_\_\_\_\_ Other (From \_\_\_\_\_ To \_\_\_\_\_)  
\_\_\_\_\_ Spring \_\_\_\_\_ Summer

To: Financial Aid Officer \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name of School/College

Name \_\_\_\_\_

\_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_  
Print Student Name

Address \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP Code

Degree Status \_\_\_\_\_

\_\_\_\_\_ Undergraduate

\_\_\_\_\_ Graduate

\_\_\_\_\_ 1 year Certificate

\_\_\_\_\_ Other

(specify)

\_\_\_\_\_ Associate's Program

\_\_\_\_\_ Bachelor's Program

**Student's Authorization for Exchange of Information**

I, the undersigned student, hereby authorize the exchange of information between the Department of Transitional Assistance and the Office of Financial Aid of the above-named school, college, or university regarding student financial aid awarded to me, my financial status and/or that of my family for the purpose of determining the combined amount of financial aid I am receiving. I also understand that the Department of Transitional Assistance and the Financial Aid Officer may continue to discuss aspects of my case throughout the year as they pertain to my particular situation, my application for and receipt of student financial aid, and the effect on my receipt of public assistance.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Student's Name \_\_\_\_\_ SSN \_\_\_\_\_

Enrollment Status \_\_\_\_\_ Full-time \_\_\_\_\_ 3/4 time \_\_\_\_\_ 1/2 time \_\_\_\_\_ less than 1/2 time

**Part B: Breakdown of Student Financial Aid Awards and Allowable Educational Expenses**

**1. Allowable Educational Expenses**

Actual:

Tuition \$ \_\_\_\_\_  
 Fees \$ \_\_\_\_\_  
 Loan Origination Fee\* \$ \_\_\_\_\_  
 Health Insurance\* \$ \_\_\_\_\_  
 Other (specify) \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Allowances/Expenses:

Books/Supplies \$ \_\_\_\_\_  
 Transportation \$ \_\_\_\_\_  
 Other Course Related Expenses \$ \_\_\_\_\_  
 Dependent Care\*\* \$ \_\_\_\_\_  
 Other (specify) \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**2. Non-Title IV Student Financial Aid**

(Please indicate amount of funds that are designated for living expenses)

Source	Total Amount	Amount Designated for living expenses
MA Part-time	\$ _____	\$ _____
MA Cash Grant	\$ _____	\$ _____
Institution Grants	\$ _____	\$ _____
Institution Work-Study***	\$ _____	\$ _____
MASSGrant (Non-SSIG) ****	\$ _____	\$ _____
MA Perf. Bonus	\$ _____	\$ _____
MA No Int. Loan	\$ _____	\$ _____
Gilbert Grant	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Total Designated for living expenses** \$ \_\_\_\_\_

Notes:

- \* list only if the charge will be paid by the student or financial aid.
- \*\* provide a response only if the amount is known and used as part of the financial aid budget.
- \*\*\* Institution Work-Study amount is the authorized amount of earnings for the reporting period, not the actual amount of earnings.
- \*\*\*\* any year there is no SSIG contribution to the MASSGrant Program, all funds should be entered as Non-Title IV aid.

College \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_

Financial Aid Office Signature \_\_\_\_\_

Print Name \_\_\_\_\_

<b>Dept. Use Only</b>	
<b>For Cash &amp; FS Benefits:</b>	
Part 2 Designated for living expenses total	\$ _____
<b>This is the total countable amount of income for cash and food stamp benefits.</b>	
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<b>For Cash Only:</b>	
Dependent Care	\$ _____
Transportation	\$ _____



**Instructions**  
**Educational Income and Expense Form**  
**EDUC-1**

**These instructions are to be used for completing the EDUC-1 form, which is used to share information about the student financial aid awards that may affect the receipt of Transitional Assistance benefits.**

Part A. Completed by the student for submission to the Financial Aid Office. The Financial Aid Office must verify that the information is correct. The student must also sign and date the authorization for the exchange of information. Forms without this information will be returned to the student not completed.

*Note: The "Return To" section will be completed by the Department. The worker's name is requested, but it is not necessary for the completion of the EDUC-1 by the FAO.*

Part B. Completed by the school, college or university. Be sure to indicate the enrollment status of the student.

1.
  - A. Please list the actual direct expenses for tuition, fees, loan origination fees and health insurance charges, if any. If the student has contracted to live in campus housing, enter the cost as "other (specify)."
  - B. Indicate the other student financial aid budget allowances that apply to the student's enrollment status.
  - C. If the Financial Aid Office knows the actual amount of dependent care expenses and has adjusted the financial aid budget to include those dependent care costs, please enter the appropriate amount; otherwise leave blank.
  - D. Do not enter any allowances for the cost of off-campus living expenses, such as room and board, rent, mortgage, food or personal items.
2.
  - A. Enter the various awards from non-Title IV sources.
  - B. If any of the non-Title IV aid is designated by the grantor to be used for living expenses, please indicate in the appropriate column. If there is no specific use designated, enter the amount of the award only in the Total Amount column.
  - C. The Institution (nonfederal) Work-Study award authorization is defined as having no portion of federal funds.
3. Be sure to sign and date the form. Return the original to the appropriate Department of Transitional Assistance office. If you wish, a copy can be retained for the Financial Aid Office.
4. If the student has additional educational expenses not included on this form, encourage the student to provide documentation of these expenses with the Transitional Assistance worker.