



# Personal Finance Form

## 2022-2023

Financial Aid Office  
7390 S. 6<sup>th</sup> Street  
Klamath Falls, OR 97603  
(541) 882-3521  
www.klamathcc.edu

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Student ID #

**\*\*You must have an amount entered on all lines for the form to be complete\*\***

Income	Monthly	Annually
Child Support		
Social Security		
Wages		
Welfare Benefits		
Cash		
Food Stamps		
VA Benefits		
Disability Benefits		
Other Income		
<b>Total Income</b>	\$	\$

Expenses	Monthly	Annually
Rent/Mortgage		
Utilities		
Food		
Transportation		
Medical Costs		
Insurance		
Clothing		
Miscellaneous		
<b>Total Expenses</b>	\$	\$

**NOTE:** If Total Annual Income is less than \$5,000, please explain under comments how you supported yourself.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_