Personal Finance Form
2020-2021

KLAMATH
Community College

Financial Aid Office
7390 S. 6th 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		
Total Income	**$**	**$**

Expenses	**Monthly**	**Annually**
Rent/Mortgage		
Utilities		
Food		
Transportation		
Medical Costs		
Insurance		
Clothing		
Miscellaneous		
Total Expenses	**$**	**$**

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

Comments:

_____

_____

_____

Klamath Community College is an equal opportunity educator and employer