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Office Use: Date Received \_\_\_\_\_

# Financial Aid Request

Section 1: APPLICANT INFORMATION					
Name			Marital Status		
Employment Status			Relationship to Student		
Occupation			Employer		
Section 2: INCOME <i>Please include a copy of your latest tax return with this application</i>					
Size of Household		Adults		Children	
Adjusted Gross Income (AGI) from most recent Tax Return		AGI		Noncustodial AGI (if applicable)	
Applicant/Noncustodial Applicant receives any of the following (check all that apply)					
<input type="checkbox"/> Child Support		<input type="checkbox"/> Social Security Benefits not taxed (SSI)		<input type="checkbox"/> Temp. Assistance for Needy Families (TANF)	
<input type="checkbox"/> Food Stamps		<input type="checkbox"/> Tuition Support from other sources		<input type="checkbox"/> Welfare Aid for Families w/Dependent Children	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Other income (Housing, Foster Care, VA, etc.)	
Total Amount Received			Frequency Received		
Section 3: EXPENSES <i>Supporting documents may be requested</i>					
Housing <input type="checkbox"/> Rent <input type="checkbox"/> Own		Do you own a 2 <sup>nd</sup> home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Rent/Mortgage (principle, interest, taxes & insurance)	
Monthly Payment					
Vehicle 1 Make/Model		Year	Is vehicle paid off <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Lease <input type="checkbox"/> Own
Monthly Payment					
Vehicle 2 Make/Model		Year	Is vehicle paid off <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Lease <input type="checkbox"/> Own
Monthly Payment					
Vehicle 3 Make/Model		Year	Is vehicle paid off <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Lease <input type="checkbox"/> Own
Monthly Payment					
				Total Credit Card Debt	
				Monthly Payment	
				Total Loans	
				Monthly Payment	
				Medical Payments	
				Monthly Payment	
Other Expenses				Monthly Payment	
Other Expenses				Monthly Payment	
Other Expenses				Monthly Payment	
				Monthly Total	