## OFFICE OF STUDENT FINANCIAL ASSISTANCE

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## **MASSART**

MASSACHUSETTS COLLEGE OF ART AND DESIGN

## 2021-2022 MONTHLY CASH FLOW STATEMENT

This form has been requested so that we may gain a better understanding of your household's monthly income and expenses. The data you provide here will help us make a more accurate and fair assessment of your eligibility for need-based financial aid.

 Last Name	First Name		C+,	Student ID	
Last Name	riist name		510	Student ID	
FORM COMPLETED BY:					
Last Name	First Name		Date Completed	Relationship	
INSTRUCTIONS					
	the Depend	<i>'ent</i> student's paren	enclosed <b>2021-2022 Verification Workshe</b> at(s) or as it applies to the <i>Independent</i> stude		
Next to each item, fill in the do your household's average <b>MON</b> each source.			Next to each item, fill in the dollar amount, in your household's average <b>MONTHLY</b> living e		
Monthly Income Sources f	or 2019		Monthly Living Expenses for 2019		
Gross Salary & Wages:	\$		Home Mortgage or Rent:	\$	
Taxes Paid:	\$		Rental Property Expenses:	\$	
Retirement Contributions:	\$		Food and Household Supplies:	\$	
Other Tax Deductible Items (please specify):	\$		Utilities (gas, electric, phone, water, heat):	\$	
	\$		Car		
Total Deductions:	\$		(loan, gas, maintenance, insurance):	\$	
			Public Transportation:	\$ \$ \$	
Net Salary & Wages			Medical expenses NOT covered by insurance:	\$	
(Gross Salary & Wages minus Total Deductions):		\$	Health Insurance:	\$	
Interest/Dividends:		\$	Personal (clothing, toiletries, haircuts, etc.):	\$	
Rental Property Income:		\$	Entertainment:	\$	
Business Net Income:		\$	Child Care:	\$	
Other Income (please specify):		\$	Credit Cards:	\$	
		\$	Other Expenses (please specify):	\$	
Total Monthly Income:		\$	Total Monthly Living Expenses:	\$	
•					
Total Month	ly Income	minus Total Month	ly Living Expenses: \$		
Please provide any additional ir					