



# THE CITADEL

THE MILITARY COLLEGE  
OF SOUTH CAROLINA

## 2024-2025 Income & Expense Questionnaire

Student Name: \_\_\_\_\_ CWID: \_\_\_\_\_

The income you reported on your 2024-2025 FAFSA appears insufficient to support the number of people in your household.

Please complete this form to clarify how your family was able to meet their 2022 expenses. *(Attach additional documentation if needed)*

### Section 1: Federal Benefits Information

If anyone in your household received benefits from any of the following programs in 2023 or 2024, check each program that applies.

_____ Supplemental Security Income (SSI)	_____ Food Stamps (SNAP)
_____ Social Security Benefits	_____ Free or Reduced-Price Lunch
_____ Medicaid	_____ TANF or WIC

### Section 2: Income & Expenses

Please list **yearly** income & expenses, **enter \$0** for items that don't apply.

INCOME	Student/ Spouse	Parent (s)
Wages		
Veteran's Benefits		
Child Support		
Alimony		
Worker's Comp		
Unemployment		
Foreign Income		
Other (Please Specify)		

EXPENSES	Student/ Spouse	Parent (s)
Home		
Utilities		
Transportation		
Food		
Insurance		
Child Care		
Clothing		
Other (Please Specify)		

I certify that the information provided is true, complete, and accurate to the best of my knowledge (electronic signatures not accepted).

\_\_\_\_\_  
Student's Signature / Date

\_\_\_\_\_  
Parent/Spouse's Signature / Date

Office of Financial Aid & Scholarships

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