NCSEAA
North Carolina State Education Assistance Authority

REPAYMENT SERVICES – FINANCIAL STATEMENT

*******Documentation of income and expenses for a one-month period must accompany this request*******
Please direct questions to Repayment Services at (919) 549-8614 or (800) 700-1775, option #2

Name: _____ SEAA ID: _____
Address: _____ Home Phone: _____
City, State, Zip Code: _____ Alt. Phone: _____
Spouse's Name: _____ Number of Dependents: _____

Employer: _____ Work Phone: _____
Spouse's Employer: _____ Work Phone: _____

INCOME:

(Self) Paid: ☐ Weekly ☐ Bi-weekly ☐ Monthly Amount of Take Home Pay: $ _____
(Spouse) Paid: ☐ Weekly ☐ Bi-weekly ☐ Monthly Amount of Take Home Pay: $ _____
Other Income: ☐ Unemployment ☐ Alimony ☐ Child Support Amount Received: $ _____
TOTAL MONTHLY HOUSEHOLD INCOME: $ _____

ASSETS:

Savings: $ _____ Stocks: $ _____ Real Estate: $ _____
Checking: $ _____ Bonds: $ _____ Other: $ _____
Auto(s):
Make/Model: _____ Year: _____ Purchase Date: _____
Make/Model: _____ Year: _____ Purchase Date: _____

EXPENSES: *(You must include copies of bills for expenses listed below)*

Expense:	**Creditor and Amount of Loan/Debt:**	**Monthly Payment Amount:**
Rent/Mortgage:		$
Utilities (inc. phone/cable/internet):		$
Food and Clothing:		$
Transportation (repair and gas):		$
Auto Payment:		$
Auto Payment:		$
Child Care:		$
Alimony/Child Support:		$
Other - *please list all:*		$
Include all credit obligations		$
(You may continue on back)		$
		$
		$
		$
	TOTAL MONTHLY EXPENSES:	$

Monthly payment you can send NCSEAA: $

With my signature, I attest that the above information is accurate to the best of my knowledge.

Signature _____ Date _____

RETURN THIS FORM TO: NC SEAA REPAYMENT SERVICES, PO BOX 14223, RESEARCH TRIANGLE PARK, NC 27709