

**2017-2018 INCOME & EXPENSE WORKSHEET**

The 2015 income reported on your financial aid application appears to be low. Please complete this worksheet, listing all your expenses and resources. This worksheet should demonstrate how you supported yourself and/or your family in 2015. In all cases, the total 2015 "Resources" must equal or exceed the total 2015 "Expenses". If an expense/income category is not applicable to you, indicate "0," **DO NOT LEAVE ANY CATEGORY BLANK**. Please explain any "0's" for rent/mortgage and utilities in the comments section below.

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ CUNYfirst ID \_\_\_\_\_

1. Did you live with someone who provided you with free room and board in 2015?

Yes Whom did you live with? \_\_\_\_\_

Will this arrangement continue for 2017-2018?  Yes  No

No

2. Did you live in another country in 2015?

No If No, skip to Section 2.

Yes When did you arrive in the United States? \_\_\_\_\_ (month/year)

What was your total income in 2015 (in US dollars)? \_\_\_\_\_

3. Did you live in public housing in 2015?

Yes

No

EXPENSES	YEARLY AMOUNT FOR 2015	INCOME	YEARLY AMOUNT FOR 2015
Rent/Mortgage	\$ _____	Parent(s): Wages/Salaries/tips (lines 7+12+18 on 1040 or from W-2 forms)	\$ _____
Utilities	\$ _____	Student/Spouse: Wages/Salaries/tips (lines 7+12+18 on 1040 or from W-2 forms)	\$ _____
Food	\$ _____	Savings (amount used to meet expenses)	\$ _____
Transportation	\$ _____	Social Security	\$ _____
Unreimbursed Medical/Dental	\$ _____	Veteran's Benefits	\$ _____
Credit Card Payments	\$ _____	Public Assistance (TANF)	\$ _____
Personal expenses	\$ _____	SNAP (Food Stamps)	\$ _____
Child Support Paid	\$ _____	HUD – Housing and Urban Development/ Section 8	\$ _____
Student Loan Payments	\$ _____	Foreign Income and Support (convert to US currency)	\$ _____
Child/Adult Care	\$ _____	Cash gifts from Relatives/Friends	\$ _____
Miscellaneous (please describe)	\$ _____	Child Support Received	\$ _____
		Unemployment	\$ _____
		Worker's Comp. /Disability	\$ _____
		*Expenses billed to you, and paid by others	\$ _____
		Support provided by others	\$ _____
		Miscellaneous (a)	\$ _____
		Miscellaneous (b)	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>	<b>TOTAL INCOME</b>	<b>\$ _____</b>

\* Examples include: food, shelter, non-cash gifts etc.

Comments:

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**Certification and Signature(s)**

*By signing this form, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent's signature only required if student is dependent)*