New Paltz
STATE UNIVERSITY OF NEW YORK

2016-2017
Low Income
Verification Form-Dependent Student

MAIL THIS FORM TO:
SUNY New Paltz Financial Aid Office
200 Hawk Drive
New Paltz, NY 12561-2437

Student's Name: _____ Student ID#: _____

The income that you and/or your family reported on your FAFSA appears to be insufficient to have supported your household during 2015. Please itemize your income and expenses below. We cannot continue to process your application for financial assistance until this form is completed and returned. ***If a section is zero, please write $0.***

*****(Include monthly amounts for 2015)*****

Monthly Living Expenses for 2015	**Student**	**Parents**
Home Mortgage or Rent	$	$
Utilities	$	$
Food and Clothing Expenses	$	$
Education/Tuition Payments	$	$
Transportation, Auto Payments, and Gas	$	$
Medical, Personal, Other (please specify)	$	$
Total Monthly Expenses	$	$

Monthly Income for 2015	**Student**	**Parents**
Income Earned from Work	$	$
Child Support Received for all Children	$	$
Alimony	$	$
AFDC, Public Assistance, Section 8, or SNAP	$	$
Social Security Income or SSI	$	$
Veteran's Non-Education Benefits	$	$
Unemployment Compensation	$	$
Disability Benefits	$	$
Pension or Retirement Distributions	$	$
Workers' Compensation Benefits	$	$
Loans, bills paid on your behalf, financial support from others, gifts or cash support from others (please specify):	$	$
Housing/Food or Other Living Allowances (military, clergy, teachers)	$	$
Other (please specify):	$	$
Total Monthly Income	$	$

Your average monthly expenses from "Monthly living expenses for 2015" should be <u>LESS THAN OR EQUAL TO</u> your "Monthly Income for 2015". IF IT IS NOT, you must attach an explanation and documentation of how you meet your average monthly expenses to this form.

I certify that all of the information reported above is complete and accurate.

_____ _____
Student's Signature Date

_____ _____
Parent's Signature Date

Return completed form, along with any other pertinent documents to:
SUNY New Paltz Financial Aid Office, 200 Hawk Drive, New Paltz, NY 12561-2437
Phone: (845) 257-3250 Fax: (845) 257-3568