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 household during 2015. Please itemize your incoapplication for financial assistance until this form ***(Include)	me and expenses below. We	cannot continue to process your If a section is zero, please write \$0.*
Monthly Living Expenses for 2015	Student	Parents
Home Mortgage or Rent	\$	\$
Utilities Utilities	\$	\$
Food and Clothing Expenses	\$	\$
Education/Tuition Payments	\$	\$
Transportation, Auto Payments, and Gas	\$	\$
Medical, Personal, Other (please specify)	\$	\$
Total Monthly Expenses	\$	\$
		1.7
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	\$	\$