

**ITEMIZATION WORKSHEET
2018-2019**

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

NAME: _____

STUDENT ID: _____

The income you and/or your family reported on the FAFSA was unusually low. Please complete the items below to explain how you and/or your family were supported in 2016.

Please List Itemized Expenses for 2016.

Type of Expense	Amount per month	x number of months	=	Annual Amount
<i>Example</i> <i>Rent</i>	<i>\$400.00</i>	<i>x 12 months</i>		<i>\$4,800.00</i>
RENT			=	\$
FOOD			=	\$
UTILITIES			=	\$
MEDICAL			=	\$
CLOTHING			=	\$
PERSONAL			=	\$
TUITION (Amount not paid by Financial Aid)			=	\$
Other (Please Specify)			=	\$
Total Expenses for 2016:			=	\$

Please list all sources of income (both taxable and non-taxable).

*If you received financial support from (or had bills paid by) a family member or other individual, please include the amount below.

Resources:	Annual Amount:
_____	\$
_____	\$
_____	\$
_____	\$
TOTAL RESOURCES FOR 2016:	\$

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____