2017-2018 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 inco application for financial assistance until this form	me and expenses below. We is completed and returned.	cannot continue to process your *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):	*	Ψ
Housing/Food or Other Living Allowances (military, clergy, teachers)	\$	\$
Other (please specify):	\$	\$
Total Monthly Income	\$	\$
Your average monthly expenses from "Monthl TO your "Monthly Income for 2015". IF IT IS how you meet your average monthly expenses I certify that all of the information of the informat	S NOT, you must attach an e	explanation and documentation of
Parent's Signature		Date