



OFFICE OF FINANCIAL AID

Phone: 845-257-3250 Fax: 845-257-3568

www.newpaltz.edu/financialaid

2019-2020 ITEMIZATION WORKSHEET

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 2017.

Please List Itemized Expenses for 2017.

Type of Expense	Amount per Month	x Number of Months	= Annual Amount
<i>Example: 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 2017:			= \$

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 2017	= \$

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

RETURN TO: SUNY New Paltz, Financial Aid Office, 200 Hawk Drive, New Paltz, NY 12561 or fax to (845) 257-3568