

2024-2025 LOW INCOME VERIFICATION FORM DEPENDENT STUDENT

Office of Student Financial Services 200 Hawk Drive, New Paltz, NY 12561-2438 Ph: 845-257-3250 • Fax: 845-257-3568

	* *	fficient to have supported	•
2022. Please itemize your income and expenses below. We cannot c		,	
form is completed and returned. *If a section is zero, please write \$0	.^ include mon	ithly expenses for A	2022.
Monthly Living Expenses for 2022	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 2022	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)	\$	\$	
Housing/Food or Other Living Allowances (military, clergy, teachers) Other (please specify):		\$	

Date

Parent signature