

2024-2025 LOW INCOME VERIFICATION FORM INDEPENDENT STUDENT

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

Monthly Living Expenses for 2022	Student (and spouse
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 (and spouse)
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)	
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	rs) \$