



Financial Aid Office
 Submit form:
[Document Submission Portal](#) or by mail
 PO Box 2000, Cortland, NY 13045-0900

Household Income and Expenses Worksheet

Student Name: _____ Cortland ID # _____

Parent 1 Name: _____ Parent 2 Name: _____

Additional information is needed to review your financial aid application. Please complete this form to help our office understand how you are meeting your basic living expenses. All sections of this form are required. If a question does not apply, please fill in with \$0 or N/A.

Please list average monthly amounts for each category below.

2017 Average Monthly Income and Benefits				
Source of Income	Student	Parent 1	Parent 2	Student's Spouse
Net Wages	\$	\$	\$	\$
Net Rental/Business Income	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Disability/ SSI Benefits	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$
Pension/Retirement	\$	\$	\$	\$
Alimony Received	\$	\$	\$	\$
Housing Assistance (HUD, Section 8)	\$	\$	\$	\$
Food Stamps (SNAP, WIC, etc.)	\$	\$	\$	\$
Free/Reduced Lunch	\$	\$	\$	\$
Utility Assistance	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Other (specify): _____	\$	\$	\$	\$
Monthly Income Total:	\$	\$	\$	\$

Support from Others: Please provide monthly amount that the family received in support from others (family, friends, church, etc.) \$ _____

Last Name

First Name

MI

C00 _____
Cortland ID #

2017 Average Monthly Expenses				
Expense	Student	Parent 1	Parent 2	Student's Spouse
Mortgage/Rent	\$	\$	\$	\$
Mortgage/Rent (other real estate)	\$	\$	\$	\$
Utilities (heat, water, electric, phone)	\$	\$	\$	\$
Food	\$	\$	\$	\$
Clothing/personal	\$	\$	\$	\$
Transportation (gas, insurance, car payment, public transit, ect)	\$	\$	\$	\$
Out of pocket medical expenses	\$	\$	\$	\$
Education (student's siblings or student's children (if applicable))	\$	\$	\$	\$
Miscellaneous	\$	\$	\$	\$
Other (specify): _____	\$	\$	\$	\$
Other (specify): _____	\$	\$	\$	\$
Total Monthly Expenses:	\$	\$	\$	\$

Explanation: If total expenses exceed total income, please provide an explanation below regarding how you met your living expenses in 2017.

Statement of Certification:

I certify that the information included is true and accurate to the best of my knowledge and is not falsely represented.

Student signature

Date

Student Spouse Signature (if applicable)

Date

Parent signature (if student is dependent)

Date