



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 C00_____
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.

2019 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 _____

Cortland ID _____

2019 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, etc.)	\$ _____	\$ _____	\$ _____	\$ _____
Out of pocket medical expenses	\$ _____	\$ _____	\$ _____	\$ _____
Education (student's siblings or student's children <i>(if applicable)</i>)	\$ _____	\$ _____	\$ _____	\$ _____
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 2019.

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

 Date