

## HOUSEHOLD BUDGET VERIFICATION FORM

The income reported on your 2017-2018 Free Application for Federal Student Aid (FAFSA) does not appear sufficient to meet all your basic living expenses. In order for the processing of your federal aid application to continue, please complete the following information regarding your family's estimated monthly expenditures and income. **Return completed form to the SUNY Cortland Financial Aid Office.**

Student's Name \_\_\_\_\_ Cortland ID \_\_\_\_\_

### Expense Summary - 2015

Please indicate below the average yearly expenses for your household for 2015.  
 Please do not leave any blanks; enter zero or N/A for any items that are not applicable:

Average Yearly Expenses	Yearly Household Cost	Yearly Amount Paid by Student	Yearly Amount Paid by Parent	Identify Third Party and Amount paid
Rent/Mortgage	\$	\$	\$	
Utilities : Electric, Water, Gas, Cable	\$	\$	\$	
Telephone, Cell Phone, Internet	\$	\$	\$	
Food	\$	\$	\$	
Clothing	\$	\$	\$	
Medical/Dental health Insurance	\$	\$	\$	
Transportation: car, gas, insurance, public transit	\$	\$	\$	
Child Care – PAID To Different Household	\$	\$	\$	
Personal Care Items	\$	\$	\$	
Entertainment / Travel	\$	\$	\$	
Miscellaneous	\$	\$	\$	
Yearly Total	\$	\$	\$	

Student's Name \_\_\_\_\_ Cortland ID \_\_\_\_\_

## Expense Summary - 2015

Please list average yearly amounts for each category of income below.

\*If a parent/stepparent filed a Schedule C with their tax return, please submit a copy of that with this form.

Average Yearly Income	Student	Parent(s) (Included on FAFSA Form)
*Father/Stepfather Gross Yearly Salary/Wages(dependent students)	NA	\$
*Mother/Stepmother Gross Yearly Salary/Wages(dependent students)	NA	\$
Student Gross Yearly Salary/Wages	\$	NA
Alimony	\$	\$
Pension/Retirement	\$	\$
Child Support Received	\$	\$
SNAP/Food Stamp/TANF/ Public Assistance	\$	\$
Social Security or Disability	\$	\$
Unemployment or Workers Compensation	\$	\$
Stocks, Bonds, Investments	\$	\$
Other (specify)	\$	\$
Business Income	\$	\$
Rental Assistance	\$	\$
<b>Yearly Total</b>	<b>\$</b>	<b>\$</b>

If few or no expenses were listed and/or your total income and resources are \$0, attach an explanation statement.

### CERTIFICATION AND SIGNATURES

By signing this worksheet, I certify that all the information reported is complete and correct. I understand if I purposely give false or misleading information on this worksheet, I may be fined, sentenced to jail, or both. I am also giving the SUNY Cortland Financial Aid office permission to update the FAFSA through the Federal Student Aid online correction tool to match the values found on this and other verification documents.

**At least one parent must sign.**

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodial Parent Printed Name (dependent students only)

\_\_\_\_\_  
Custodial Parent Signature

\_\_\_\_\_  
Date