



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.**

2021 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): _____	\$	\$	\$	\$
<b>Monthly Income Total:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**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 \_\_\_\_\_

2021 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): _____	\$	\$	\$	\$
<b>Total Monthly Expenses:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Explanation:** If total expenses exceed total income, please provide an explanation below regarding how you met your living expenses in 2021.

**Statement of Certification:**

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

\_\_\_\_\_ Date      Student Spouse Signature *(if applicable)*      Date  
 Student Signature

\_\_\_\_\_ Date  
 Parent Signature