



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

MONTHLY INCOME VERIFICATION FORM

In order to assess your financial eligibility for the EOP program, please complete the following information regarding your family's estimated monthly income and expenditures in 2020. *Please be sure to not leave any information blank on the form. If the answer is zero, or it does not apply please put "0".*

Return completed form to the address on this form or through the [Document Submission Portal](#)

Student's Name: _____ Cortland ID#: C00 _____

Household Income	Amount Per Month
Income from Work (Gross)	\$
Business Income	\$
Unemployment	\$
Social Security Benefits	\$
Worker's Compensation	\$
Disability Benefits	\$
Alimony	\$
Child Support	\$
SNAP/Food Stamps	\$
TANF	\$
Rental Assistance	\$
Cash Assistance from Family and Friends	\$
Cash received or Paid on Your Behalf	\$
Other Sources (specify)	\$
TOTAL INCOME	\$

Household Income	Amount Per Month
Rent/Mortgage	\$
Utilities (Electric, Water, Gas, TV)	\$
Telephone/Cell Phone	\$
Medical/Dental Health Insurance	\$
Car/Transportation	\$
Child Care	\$
Food	\$
Clothing	\$
Personal/Entertainment	\$
Miscellaneous	\$
TOTAL INCOME	\$

Please add clarifying comments regarding your situation to help with our review. **An explanation is required if few or no expenses were listed or if your total income and resources are \$0.**

CERTIFICATION AND SIGNATURES

By signing this worksheet, we certify that all the information reported is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. **At least one parent must sign.**

 Student Signature / Date

 Parent Signature Date