

SUNY Sullivan
 Financial Aid Office
 112 College Road
 Loch Sheldrake, NY 12759
 Fax# (845) 434-0014

LOW INCOME WORKSHEET

Student's Name: _____ Student ID#: _____

The amount of income you reported on your FAFSA appears unusually low. Please provide the following information of your/your family's annual calendar year income and expenses for 2015.

Income for 2015

List all sources of income including in-kind gifts for housing or living assistance, etc. **Documentation of the 2015 income must be provided** – (ex. Social Security 1099, letter from Public Assistance showing total dollar amount received in 2015, notarized letters listing 2015 total amount for in-kind support or living assistance, etc.)

Do you and/or your parent(s) receive any of the following?

- | | | | |
|------------------------------|------------------------------|-----------------------------|----------------------------|
| Gross Pay Wages: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount per month: \$ _____ |
| Support from family/friends: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount per month: \$ _____ |
| Child Support: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount per month: \$ _____ |
| Social Security: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount per month: \$ _____ |
| Disability: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount per month: \$ _____ |
| Food Stamps/WIC: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount per month: \$ _____ |
| Medicaid: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount per month: \$ _____ |
| Unemployment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount per month: \$ _____ |

Annual Expenses for 2015	Amount		
	Monthly	or	Yearly
1. Rent or mortgage payment	\$ _____		\$ _____
2. Utilities (gas, phone/cell phone, electric)	\$ _____		\$ _____
3. Insurance: Auto/Home/Renters	\$ _____		\$ _____
4. Food/Groceries	\$ _____		\$ _____
5. Clothing	\$ _____		\$ _____
6. Transportation	\$ _____		\$ _____
7. Medical and/or Dental	\$ _____		\$ _____
8. Other: _____	\$ _____		\$ _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____