



# Office of Financial Aid

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## 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 2020.

### Income for 2020

List all sources of income including in-kind gifts for housing or living assistance, etc. **Documentation of the 2020 income must be provided** – ( ex. Social Security 1099, letter from Public Assistance showing total dollar amount received in 2020, notarized letters listing 2020 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 2020

### 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 \_\_\_\_\_