



Office of Financial Aid

112 College Road
Loch Sheldrake, NY 12759
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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 2021.

Income for 2021

List all sources of income including in-kind gifts for housing or living assistance, etc. **Documentation of the 2021 income must be provided** – (ex. Social Security 1099, letter from Public Assistance showing total dollar amount received in 2020, notarized letters listing 2021 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: Yes No Amount per month: \$ _____
- Support from family/friends: Yes No Amount per month: \$ _____
- Child Support: Yes No Amount per month: \$ _____
- Social Security: Yes No Amount per month: \$ _____
- Disability: Yes No Amount per month: \$ _____
- Food Stamps/WIC: Yes No Amount per month: \$ _____
- Medicaid: Yes No Amount per month: \$ _____
- Unemployment Yes No Amount per month: \$ _____

Annual Expenses for 2021	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 _____