



# Herkimer

THE STATE UNIVERSITY OF NEW YORK

## 2019-2020 LOW INCOME WORKSHEET

<b>Student Name</b>	
<b>ID</b>	<b>H</b>

On your Financial Aid Application you reported an unusually low total family income for 2017. Please complete the worksheet below on how you and/or your family met living expenses during the year. **Dependent students must also provide parent information.** Please give specific dollar amounts (if zero, please write “0”) for all income and expenses. This form must be signed by the student and parent (if applicable).

**Please list 2017 Income and Expenses below:**

<b>Yearly Income</b>	<b>Student/ Spouse</b>	<b>Parent (if dependent)</b>	<b>Yearly Expenses</b>	<b>Student/ Spouse</b>	<b>Parent (if dependent)</b>
Employment (wages)	\$ /yr	\$ /yr	Housing: Rent/Mortgage and Taxes	\$ /yr	\$ /yr
Unemployment Benefits	\$ /yr	\$ /yr	Food	\$ /yr	\$ /yr
Social Security/Disability Benefits	\$ /yr	\$ /yr	Car payments/Insurance	\$ /yr	\$ /yr
SNAP (Food Stamps)	\$ /yr	\$ /yr	Car maintenance/gas	\$ /yr	\$ /yr
Welfare, TANF, Public Assistance, WIC	\$ /yr	\$ /yr	Utilities/Telephone/Cable	\$ /yr	\$ /yr
Child Support Received for all Children	\$ /yr	\$ /yr	Child support/Alimony paid	\$ /yr	\$ /yr
Workers' Compensation	\$ /yr	\$ /yr	Childcare	\$ /yr	\$ /yr
Bills paid by someone else on your behalf	\$ /yr	\$ /yr	Clothing	\$ /yr	\$ /yr
Cash or gifts paid by others	\$ /yr	\$ /yr	Credit Card payments	\$ /yr	\$ /yr
Other Income (please specify)	\$ /yr	\$ /yr	Other expenses (please specify)	\$ /yr	\$ /yr
<b>Total 2017 Income**</b>	\$	\$	<b>Total 2017 Expenses**</b>	\$	\$

**\*\*Your “TOTAL 2017 Income” must EQUAL OR EXCEED the “TOTAL 2017 Expenses” provided. IF IT IS NOT, please provide an explanation and documentation of how you meet your yearly expenses on the reverse side of this form.**

<i>Student Signature</i>		<i>Spouse Signature</i>	
<i>Parent Signature</i>		<i>Date Signed</i>	

