

## Office of Financial Aid

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## 2025-2026 Statement of Income and Expense

lease list your family's average monthly living expenses in 2023, even if those expenses were not paid by you. If you leave lank it's assumed it is "0".    MONTHLY EXPENSE	MONTHLY EXPENSE  MONTHLY INCOME  Housing (rent or mortgage) \$ Wages from ALL Jobs \$ Transportation \$ Unemployment compensation \$ Utilities / Cell phone \$ Pension / retirement \$ Food \$ Workman's Comp or Disability \$ Clothing \$ Social Security \$ Child care \$ Food Stamps / WIC \$ Medical / dental \$ TANF \$ Personal / miscellaneous \$ Child support \$ Alimony \$ Cash gifts or personal loans \$ Bills paid by others on your behalf \$ Other \$ Total Monthly Expenses \$ Total Monthly Income	Last Name	First Name		CUNY First ID#	
Housing (rent or mortgage) \$ Wages from ALL Jobs \$ Transportation \$ Unemployment compensation \$ Utilities / Cell phone \$ Pension / retirement \$ Food \$ Workman's Comp or Disability \$ Clothing \$ Social Security \$ Child care \$ Food Stamps / WIC \$ Medical / dental \$ TANF \$ Personal / miscellaneous \$ Child support \$ Alimony \$ Cash gifts or personal loans \$ Bills paid by others on your behalf \$ Other \$	Housing (rent or mortgage) \$ Wages from ALL Jobs \$ Transportation \$ Unemployment compensation \$ Utilities / Cell phone \$ Pension / retirement \$ Pension / Security \$ Pension / Se	lease list your family's average r			e not paid by you. If you leave	
Transportation \$ Unemployment compensation \$ Utilities / Cell phone \$ Pension / retirement \$ Food \$ Workman's Comp or Disability \$ Clothing \$ Social Security \$ Child care \$ Food Stamps / WIC \$ Medical / dental \$ TANF \$ Personal / miscellaneous \$ Child support \$ Alimony \$ Cash gifts or personal loans \$ Bills paid by others on your behalf \$ Other \$  Total Monthly Expenses \$ Total Monthly Income \$	Transportation \$ Unemployment compensation \$  Utilities / Cell phone \$ Pension / retirement \$  Food \$ Workman's Comp or Disability \$  Clothing \$ Social Security \$  Child care \$ Food Stamps / WIC \$  Medical / dental \$ TANF \$  Personal / miscellaneous \$ Child support \$  Alimony \$  Cash gifts or personal loans \$  Bills paid by others on your behalf \$  Other \$  Total Monthly Expenses \$ Total Monthly Income \$  I am being supported by my parent(s) financially but live away from their home.	MONTHLY EXPENSE		MONTHLY	/ INCOME	
Transportation \$ Unemployment compensation \$ Utilities / Cell phone \$ Pension / retirement \$ Food \$ Workman's Comp or Disability \$ Clothing \$ Social Security \$ Child care \$ Food Stamps / WIC \$ Medical / dental \$ TANF \$ Personal / miscellaneous \$ Child support \$ Alimony \$ Cash gifts or personal loans \$ Bills paid by others on your behalf \$ Other \$ Total Monthly Expenses \$ Total Monthly Income \$	Transportation \$ Unemployment compensation \$ Utilities / Cell phone \$ Pension / retirement \$ Food \$ Workman's Comp or Disability \$ Clothing \$ Social Security \$ Child care \$ Food Stamps / WIC \$ Medical / dental \$ TANF \$ Personal / miscellaneous \$ Child support \$ Alimony \$ Cash gifts or personal loans \$ Bills paid by others on your behalf \$ Other \$ Total Monthly Expenses \$ Total Monthly Income \$					
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Child care \$ Food Stamps / WIC \$  Medical / dental \$ TANF \$  Personal / miscellaneous \$ Child support \$  Alimony \$  Cash gifts or personal loans \$  Bills paid by others on your behalf \$  Other \$  Total Monthly Expenses \$  Total Monthly Income \$	Child care \$ Food Stamps / WIC \$  Medical / dental \$ TANF \$  Personal / miscellaneous \$ Child support \$  Alimony \$  Cash gifts or personal loans \$  Bills paid by others on your behalf \$  Other \$  Total Monthly Expenses \$ Total Monthly Income \$  I am being supported by my parent(s) financially but live away from their home.	Food	\$	Workman's Comp or Disability	\$	
Medical / dental \$ TANF \$ Personal / miscellaneous \$ Child support \$ Alimony \$ Cash gifts or personal loans \$ Bills paid by others on your behalf \$ Other \$  Total Monthly Expenses \$ Total Monthly Income \$	Medical / dental \$ TANF \$ Personal / miscellaneous \$ Child support \$ Alimony \$ Cash gifts or personal loans \$ Bills paid by others on your behalf \$ Other \$  Total Monthly Expenses \$ Total Monthly Income \$	Clothing	\$	Social Security	\$	
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Alimony \$ Cash gifts or personal loans \$ Bills paid by others on your behalf \$ Other \$  Total Monthly Expenses \$ Total Monthly Income \$	Alimony \$ Cash gifts or personal loans \$ Bills paid by others on your behalf \$ Other \$  Total Monthly Expenses \$ Total Monthly Income \$	Medical / dental	\$	TANF	\$	
Cash gifts or personal loans \$  Bills paid by others on your behalf \$  Other \$  Total Monthly Expenses \$  Total Monthly Income \$	Cash gifts or personal loans  Bills paid by others on your behalf  Other  Total Monthly Expenses  Total Monthly Income  \$  I am being supported by my parent(s) financially but live away from their home.	Personal / miscellaneous	\$	Child support	\$	
Bills paid by others on your behalf  Other\$  Total Monthly Expenses \$  Total Monthly Income \$	Bills paid by others on your behalf  Other  Total Monthly Expenses \$  Total Monthly Income  \$  I am being supported by my parent(s) financially but live away from their home.			Alimony	\$	
Total Monthly Expenses \$ Total Monthly Income \$	Total Monthly Expenses \$ Total Monthly Income \$  I am being supported by my parent(s) financially but live away from their home.			Cash gifts or personal loans	\$	
Total Monthly Expenses \$ Total Monthly Income \$	Total Monthly Expenses \$ Total Monthly Income \$  I am being supported by my parent(s) financially but live away from their home.			Bills paid by others on your behalf	\$	
_	I am being supported by my parent(s) financially but live away from their home.			Other	_ \$	
_	I am being supported by my parent(s) financially but live away from their home.					
I am being supported by my parent(s) financially but live away from their home.		Total Monthly Expenses	\$	Total Monthly Income	\$	
	I am Independent but live with and am being supported by my parent(s).	Total Monthly Expenses  I am being supported		Bills paid by others on your behalf Other  Total Monthly Income	\$ _ \$	
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lease note: If the average monthly income is less than your monthly expense, you must explain how you met your exp						
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lease note: If the average monthly income is less than your monthly expense, you must explain how you met your exp			by signing this applies	ation, you portify that all of the information	you provided in true and comp	
lease note: If the average monthly income is less than your monthly expense, you must explain how you met your exp  C. Certification						
lease note: If the average monthly income is less than your monthly expense, you must explain how you met your exp  C. Certification  you are the parent or the student, by signing this application, you certify that all of the information you provided is true and com	f you are the parent or the student, by signing this application, you certify that all of the information you provided is true and con		•	-	· ·	
lease note: If the average monthly income is less than your monthly expense, you must explain how you met your exp  C. Certification  you are the parent or the student, by signing this application, you certify that all of the information you provided is true and com	you are the parent or the student, by signing this application, you certify that all of the information you provided is true and con		_	_		
lease note: If the average monthly income is less than your monthly expense, you must explain how you met your exp  C. Certification  you are the parent or the student, by signing this application, you certify that all of the information you provided is true and com le best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.	f you are the parent or the student, by signing this application, you certify that all of the information you provided is true and con he best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.	Student's Signature	Date	Spouse's / Parent's S	Signature Date	