

FAX: 631-650-2525

PHONE: 631-687-2600

2024/2025 Office of Financial Aid

PARENT EXPENSE WORKSHEET

Student Name:			
SS# or Student ID:		Date:	
make sure to include	any/all expenses th	ign and return it to the office at you have even if someone his form if it is completed wit	else pays them on
2022 EXPENSES	(YEARLY)	2022 INCOME	(YEARLY)
Home Mortgage <i>Rent</i>	\$	Parent 1 Wages	\$
Utilities Telephone	\$	Parent 2 Wages	\$
Fuel/oil Electric Water		Interest Income	\$
Insurance Car Home	\$	Untaxed Income Tips or subsidy amount Worker's Compensation Social Security	\$
Real Estate Taxes	\$	Disability Other (Support from other	\$
Food, Medical, Misc.	\$	sources) Explain:	
Total Expenses	\$	Total Income	\$
If expenses are higher	er than income, ple	ease explain:	
Parent 1 Signature Return the completed work		Parent 2 Signature sheet to the campus you attend:	
St. J Long Island and O 155 West Roe Bou Patchogue, NY 11	nline Campuses llevard	y Attn: Office of Financial A Brooklyn Campu 245 Clinton Aver Brooklyn, NY 11	s nue

FAX: 718-940-5312

PHONE: 718-940-5700