

STUDENT EXPENSE WORKSHEET

Student Name: _____

SS# or Student ID: _____ Date: _____

Please complete the following worksheet, sign and return it to the office immediately. Please make sure to include any/all expenses that you have even if someone else pays them on your behalf. We cannot accept this form if it is completed with all zeros.

2023 EXPENSES	(YEARLY)	2023 INCOME	(YEARLY)
Home Mortgage	\$ _____	Student Wages	\$ _____
<i>Rent</i>			
Utilities	\$ _____	Spouse Wages	\$ _____
<i>Telephone</i>			
<i>Fuel/oil</i>		Untaxed Income	\$ _____
<i>Electric</i>		<i>Tips or subsidy</i>	
<i>Water</i>		<i>amount</i>	
		<i>Worker's</i>	
		<i>Compensation</i>	
		<i>Social Security</i>	
		<i>Disability</i>	
Insurance	\$ _____	Interest Income	\$ _____
<i>Car</i>			
<i>Home</i>			
Real Estate Taxes	\$ _____	Other	\$ _____
		<i>(Support from other</i>	
		<i>sources)</i>	
Food, Medical, Misc.	\$ _____	Explain:	

Total Expenses \$ _____ **Total Income** \$ _____

If expenses are higher than income, please explain:

Student Signature _____ Spouse Signature (if applicable) _____

**Return the completed worksheet to the campus you attend:
St. Joseph's University Attn: Office of Financial Aid**

Long Island and Online Campuses
155 West Roe Boulevard
Patchogue, NY 11772
FAX: 631-650-2525
PHONE: 631-687-2600

Brooklyn Campus
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Brooklyn, NY 11205
FAX: 718-940-5312
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