St. Joseph's University NEW YORK

2026/2027
OFFICE OF FINANCIAL AID

PARENT 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.

2024 EXPENSES	(YEARLY)	2024 INCOME	(YEARLY)
Home Mortgage *Rent*	$_____	Parent 1 Wages	$_____
Utilities	$_____	Parent 2 Wages	$_____
Telephone *Fuel/oil* *Electric* *Water*		Interest Income	$_____
Insurance		Untaxed Income	$_____
Car *Home*	$_____	*Tips or subsidy amount* *Worker's Compensation* *Social Security* *Disability*	
Real Estate Taxes	$_____	Other *(Support from other sources)*	$_____
Food, Medical, Misc.	$_____	Explain:	

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

If expenses are higher than income, please explain:

_____ _____

Parent 1 Signature Parent 2 Signature

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
245 Clinton Avenue
Brooklyn, NY 11205
FAX: 718-940-5312
PHONE: 718-940-5700