

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.

2024 EXPENSES	(YEARLY)	2024 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 amount</i>	
<i>Water</i>		<i>Worker's Compensation</i>	
		<i>Social Security Disability</i>	
Insurance	\$ _____	Interest Income	\$ _____
<i>Car</i>			
<i>Home</i>		Other	\$ _____
Real Estate Taxes	\$ _____	<i>(Support from other sources)</i>	
		Explain:	
Food, Medical, Misc.	\$ _____		

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