

SUNY Upstate Medical University
Office of Financial Aid

**2020-2021 FINANCIAL AID INCOME STATEMENT
DEPENDENT STUDENT**

Student's Name: _____

Student ID#: _____

The income that you and/or your family reported on your FAFSA appears to be insufficient to have supported your household during 2018. Please itemize your income and expenses below. We cannot continue to process your application for financial assistance until this form is completed and returned. ***If a section is zero, please write \$0.**

Monthly Living Expenses for 2018

	Student	Parents
Home Mortgage or Rent	\$	\$
Utilities	\$	\$
Food and Clothing Expenses	\$	\$
Education/Tuition Payments	\$	\$
Transportation, Auto Payments, and Gas	\$	\$
Medical, Personal, Other (please specify)	\$	\$
Total Monthly Expenses	\$	\$

Monthly Income for 2018

	Student	Parents
Income Earned from Work	\$	\$
Child Support Received for all Children	\$	\$
Alimony	\$	\$
AFDC, Public Assistance, Section 8, or SNAP	\$	\$
Social Security Income or SSI	\$	\$
Veteran's Non-Education Benefits	\$	\$
Unemployment Compensation	\$	\$
Disability Benefits	\$	\$
Pension or Retirement Distributions	\$	\$
Workers' Compensation Benefits	\$	\$
Loans, bills paid on your behalf, financial support from others, gifts or cash * (please specify):	\$	\$
Housing/Food or Other Living Allowances (military, clergy, teachers)	\$	\$
Other (please specify):	\$	\$
Total Monthly Income	\$	\$

* Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2018.

As certified by the signatures below, all the information provided by myself and /or others is true and complete to the best of my (our) knowledge. I understand the Financial Aid Office may request additional documentation to verify the above information. **Note:** As a dependent student you and a parent must sign this form.

Student: _____ Date _____

Parent: _____ Date _____

SUNY Upstate Medical University
Office of Financial Aid

2020-2021 FINANCIAL AID LOW INCOME STATEMENT INDEPENDENT STUDENT

Student's Name: _____ **Student ID#** _____

The income that you and/or your family reported on your FAFSA appears to be insufficient to have supported your household during 2018. Please itemize your income and expenses below. We cannot continue to process your application for financial assistance until this form is completed and returned. ***If a section is zero, please write \$0.**

Monthly Living Expenses for 2018

Student (and spouse)

Home Mortgage or Rent	\$
Utilities	\$
Food and Clothing Expenses	\$
Education/Tuition Payments	\$
Transportation, Auto Payments, and Gas	\$
Medical, Personal, Other (please specify)	\$
Total Monthly Expenses	\$

Monthly Income for 2018

Student (and spouse)

Income Earned from Work	\$
Child Support Received for all Children	\$
Alimony	\$
AFDC, Public Assistance, Section 8, or SNAP	\$
Social Security Income or SSI	\$
Veteran's Non-Education Benefits	\$
Unemployment Compensation	\$
Disability Benefits	\$
Pension or Retirement Distributions	\$
Workers' Compensation Benefits	\$
Loans, bills paid on your behalf, financial support from others, gifts or cash * (please specify):	\$
Housing/Food or Other Living Allowances (military, clergy, teachers)	\$
Other (please specify):	\$
Total Monthly Income	\$

* Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2018.

As certified by the signatures below, all the information provided by myself and /or others is true and complete to the best of my (our) knowledge. I understand the Financial Aid Office may request additional documentation to verify the above information. Note: If you are married, you and your spouse must sign.

Student: _____ Date _____

Spouse: _____ Date _____