## SUNY Upstate Medical University Office of Financial Aid

## 2021-2022 FINANCIAL AID INCOME STATEMENT DEPENDENT STUDENT

usehold during 2019. Please itemize your income	-	
plication for financial assistance until this form is	completed and returned. *If a	section is zero, please write \$0.
Monthly Living Expenses for 2019	Student	Parents
Home Mortgage or Rent	\$	\$
Jtilities	\$	\$
Food and Clothing Expenses	\$	\$
Education/Tuition Payments	\$	\$
Γransportation, Auto Payments, and Gas	\$	\$
Medical, Personal, Other (please specify)	\$	\$
Total Monthly Expenses	\$	\$
Monthly Income for 2019	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)	, do	Φ.
Other (please specify):	\$	\$
Total Monthly Income	\$	\$

best of my (our) knowledge. I understand the Financial Aid Office my request additional documentation to verify the

Student: \_\_\_\_\_\_ Date \_\_\_\_\_

Parent: \_\_\_\_\_\_ Date \_\_\_\_\_

above information. Note: As a dependent student you and a parent must sign this form.

## SUNY Upstate Medical University Office of Financial Aid

## 2021-2022 FINANCIAL AID LOW INCOME STATEMENT INDEPENDENT STUDENT

The income that you and/or your family reported on your FAFSA appears to be insufficient to have supported your household during 2019. 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 2019  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 2019  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 \$ Utemployment Compensation \$ Utemployment Specifity \$ Utemployment Specifity \$ Utemployment Specifity \$ Utemployment Compensation \$ Utemployment Specifity \$ Utemp	Student's Name:	Student ID#
Home Mortgage or Rent	household during 2019. Please itemize your income and exp	penses below. We cannot continue to process your application
Home Mortgage or Rent Utilities \$   S	•	· •
Utilities \$   S   Food and Clothing Expenses \$   S   Education/Tuition Payments \$   S   Transportation, Auto Payments, and Gas \$   S   Medical, Personal, Other (please specify) \$   S   Total Monthly Expenses \$   S    Monthly Income for 2019   Student (and spouse)   Income Earned from Work \$   S   Child Support Received for all Children \$   S   Alimony \$   S   AFDC, Public Assistance, Section 8, or SNAP \$   S   Social Security Income or SSI \$   S   Veteran's Non-Education Benefits \$   S   Unemployment Compensation \$   S   Substitute Benefits \$   S   Pension or Retirement Distributions \$   S   Workers' Compensation Benefits \$   S   Eoans, bills paid on your behalf, financial support from others, gifts or cash * (please specify): \$   S   Total Monthly Income \$   S    * Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2019.  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.		
Food and Clothing Expenses   \$   Education/Tuition Payments   \$   \$   \$   \$   \$   \$   \$   \$   \$		
Education/Tuition Payments Transportation, Auto Payments, and Gas Medical, Personal, Other (please specify)  Total Monthly Expenses  Student (and spouse)  Monthly Income for 2019 Income Earned from Work Schild 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 Siability 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):  **Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2019.  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.		· ·
Transportation, Auto Payments, and Gas  Medical, Personal, Other (please specify)  Total Monthly Expenses  Student (and spouse)  Income For 2019  Income Earned from Work  Schild 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  Sibility 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):  **Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2019.  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.		
Medical, Personal, Other (please specify)  Total Monthly Expenses  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  Bisability 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):  * Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2019.  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 (and spouse)	*	<u> </u>
Monthly Income for 2019  Income Earned from Work  Child Support Received for all Children  \$ Alimony  \$ APDC, Public Assistance, Section 8, or SNAP  Social Security Income or SSI  Veteran's Non-Education Benefits  Unemployment Compensation  Substility 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):  **Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2019.  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.		
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Alimony  AFDC, Public Assistance, Section 8, or SNAP  Social Security Income or SSI  \$ Veteran's Non-Education Benefits  Unemployment Compensation  Bisability Benefits  Venemployment Compensation  Bisability Benefits  Venemployment Compensation  Social Security Income	Income Earned from Work	
AFDC, Public Assistance, Section 8, or SNAP  Social Security Income or SSI  Veteran's Non-Education Benefits  Unemployment Compensation  Substility 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):  **  **  **  **  **  **  **  **  **	Child Support Received for all Children	\$
Social Security Income or SSI   \$	Alimony	\$
Veteran's Non-Education Benefits Unemployment Compensation Siability 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 2019.  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:	AFDC, Public Assistance, Section 8, or SNAP	\$
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 2019.  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  Date  Date	Social Security Income or SSI	\$
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 2019.  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:	Veteran's Non-Education 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 2019.  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	Unemployment Compensation	\$
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 2019.  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:	Disability Benefits	\$
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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 2019.  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:	Loans, bills paid on your behalf, financial support from	\$
Clergy, teachers)  Other (please specify):  * Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2019.  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	others, gifts or cash * (please specify):	
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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		non-cash gifts etc. Be sure to list the total dollar value
	of my (our) knowledge. I understand the Financial Aid Off	ice may request additional documentation to verify the above
Spouse: Date	Student:	Date
	Spouse:	Date