

# ☀ Expense Resource Sheet for Low Income ☀

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Please provide expense and resource information from dates:

\_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

EXPENSES		
Rent/Mortgage Payment	\$	/year
Utility Payments	\$	/year
Food	\$	/year
Medical (out of pocket expense)	\$	/year
Transportation (mass transit, auto payments/ repairs)	\$	/year
Personal	\$	/year
Child Support (Paid)	\$	/year
Cash/ Check payments to Manhattan College	\$	/year
Miscellaneous (list and explain below)	\$	/year
	\$	/year
	\$	/year
	\$	/year
	\$	/year
<b>TOTAL</b>	<b>\$</b>	

RESOURCES		
Wages/ Salaries/ Tips	\$	/year
Savings (amount used to meet expenses)	\$	/year
Alimony/ Unemployment compensation	\$	/year
Social Security Benefits	\$	/year
VA Benefits	\$	/year
Public Assistance/ TNAF (do not include food stamps)	\$	/year
Personal loans (attach a copy of a promissory note)	\$	/year
Foreign income and support (convert to US dollars)	\$	/year
Housing/ Living/ Auto Allowances from employers	\$	/year
Cash gifts from friends/ relatives	\$	/year
Child Support (received)	\$	/year
Federal Work Study earnings	\$	/year
Other	\$	/year
<b>TOTAL</b>	<b>\$</b>	

\*\*\*\*\*Please note that resources should be greater than or equal to expenses. \*\*\*\*\*

**CERTIFICATION**

By signing this worksheet, I/we certify that all information reported on it is true and correct. If I receive financial aid based on false or misleading information, I may lose financial aid or repay financial aid for current and previous years and possibly forfeit my right to future financial aid applications.

\_\_\_\_\_  
Student signature/date

\_\_\_\_\_  
Parent signature/date