



Itemization Worksheet 2026-2027, Page 1

Office of Student Financial Services

Location: Wooster Hall, Rm 124

Phone: (845) 257-3250

Fax: (845) 257-3568

Student Name: _____ **Student ID:** _____

Itemization Worksheet Instructions:

The income you and/or your family reported on the FAFSA was unusually low. Please complete the items below to explain how you and/or your family were supported in 2024.

Please list itemized expenses for 2024

This section continues onto the next page. Do not leave any blanks. If amount is \$0, please put \$0.

Example:

Monthly rent cost: \$400 **Number of months paid:** 12 months **Annual Amount:** \$4,800

Rent

Monthly rent cost: \$ _____ **Number of months paid:** _____ **Annual Amount:** \$ _____

Food

Monthly food cost: \$ _____ **Number of months paid:** _____ **Annual Amount:** \$ _____

Utilities

Monthly utilities cost: \$ _____ **Number of months paid:** _____ **Annual Amount:** \$ _____

Medical Expenses

Monthly medical cost: \$ _____ **Number of months paid:** _____ **Annual Amount:** \$ _____

Clothing/Personal Expenses

Monthly clothing/personal cost: \$ _____ **Number of months paid:** _____ **Annual Amount:** \$ _____



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Tuition (Amount NOT paid by financial aid)

Monthly tuition cost: \$ _____ Number of months paid: _____ Annual Amount: \$ _____

Other (please specify)

Type of Expense: _____

Monthly cost: \$ _____ Number of months paid: _____ Annual Amount: \$ _____

Total Expenses for 2024:

Please add up the annual total of all expenses reported: \$ _____

Please list all sources of income for 2024

Please list all sources of income (both taxable and non-taxable).

If you received financial support from (or had bills paid by) a family member or other individual, please include the amount below.

Resource 1: _____ Annual Amount 1: \$ _____

Resource 2: _____ Annual Amount 2: \$ _____

Resource 3: _____ Annual Amount 3: \$ _____

Resource 4: _____ Annual Amount 4: \$ _____

Total Resources for 2024: \$ _____

Signatures

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

*** Signed and completed forms should be emailed to: faodocuments@newpaltz.edu ***