

**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:** \$ \_\_\_\_\_



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](mailto:faodocuments@newpaltz.edu) \*\*\*