

Financial Aid Office
SUNY Sullivan

LOW INCOME WORKSHEET

Student's Name _____

The amount of income you reported on your FAFSA appears unusually low. Please provide the following information of your/your family's annual calendar year income and expenses for 2010. **Use only yearly figures.**

Income for 2010

List all sources of income including in-kind gifts for housing or living assistance, etc. **Documentation of the 2010 income must be provided** – Social Security 1099, letter from Public Assistance showing total dollar amount received in 2010, notarized letters listing 2010 total amount for in-kind support or living assistance, etc.

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Annual Expenses for 2010

Housing	_____
Food	_____
Transportation (car expenses, etc.)	_____
Utilities (electric, telephone, heat)	_____
Personal	_____
Child care/dependent care	_____
Other:	_____
Total	_____

Student's Signature _____ *Date* _____

Parent Signature _____ *Date* _____