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2019-2020 Expense/Resource Form

STUDENT: _____ FIDN#: A _____
Last name First name

Clarification is needed to ensure you are being considered for the maximum amount of financial aid available. The 2017 income reported on your financial aid application appears to be low. Please fill out the worksheet below, listing all of your income and expenses. When completed, this worksheet should demonstrate how you supported yourself and/or your family in 2017. If you are a dependent student, you must include parental information on the second page. **In all cases, the Total 2017 Personal Income (B) must equal or exceed Total 2017 Personal Expenses (A) recorded.** Do not include any income or expenses that are paid for by a business you own. Documentation may be requested to support the figures reported on this form.

STUDENTS 2017 ANNUAL PERSONAL EXPENSES AND INCOME

Expenses	Student & Spouse	Income	Student & Spouse
Rent	\$	Earnings from all employment after taxes (Taxable & Untaxable)	\$
Mortgage & Real Estate Taxes	\$	Unemployment Compensation	\$
Food	\$	Withdrawals from savings	\$
Car payment/Insurance	\$	Social Security/Disability Benefits	\$
Car maintenance/Gas	\$	Welfare, AFDC, TANF, SNAP	\$
Utilities/Telephone/Cable	\$	Child Support Received	\$
Child Support/Alimony Paid List child(ren) and age below	\$	Alimony/Palimony Received	\$
Clothing	\$	Expenses billed to you & paid by others (total dollar value)	\$
Entertainment	\$	Cash received from family and/or friends	\$
Child Care	\$	Financial Aid refunds received in 2017	\$
Unreimbursed Medical	\$	*Support provided by others (Please explain below)	\$
Other: Explain below	\$	Tribal Benefits received in 2017 (total dollar value)	\$
Other: Explain below	\$	Other: Explain below	\$
Credit Card Payments (exclude amounts paid for in other expense categories)	\$	Other: Explain below	\$
(A) Total 2017 Expenses	\$	(B) Total 2017 Income	\$

*Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2017.

Dependent students must complete the next page of this form.

FIDN#: A _____

PARENTS 2017 ANNUAL PERSONAL EXPENSES AND INCOME

Expenses	Parents	Income	Parents
Rent	\$	Earnings from all employment after taxes (Taxable & Untaxable)	\$
Mortgage & Real Estate Taxes	\$	Unemployment Compensation	\$
Food	\$	Withdrawals from savings	\$
Car payment/Insurance	\$	Social Security/Disability Benefits	\$
Car maintenance/Gas	\$	Welfare, AFDC, TANF, SNAP	\$
Utilities/Telephone/Cable	\$	Child Support Received	\$
Child Support/Alimony Paid List child(ren) and age below	\$	Alimony/Palimony Received	\$
Clothing	\$	Expenses billed to you & paid by others (total dollar value)	\$
Entertainment	\$	Cash received from family and/or friends	\$
Child Care	\$	Financial Aid refunds received in 2017	\$
Unreimbursed Medical	\$	*Support provided by others (Please explain below)	\$
Other: Explain below	\$	Tribal Benefits received in 2017 (total dollar value)	\$
Other: Explain below	\$	Other: Explain below	\$
Credit Card Payments (exclude amounts paid for in other expense categories)	\$	Other: Explain below	\$
(C) Total 2017 Expenses	\$	(D) Total 2017 Income	\$

*Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2017.

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 that the Financial Aid Office may request additional documentation to verify the above information.
 Note: If you are a dependent student, you and a parent must sign this form.

Student's Name (Print)	Student's signature	Date:
Spouse's Name (Print)	Spouse's signature	Date:
Parent's Name (Print)	Parent's signature	Date: