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2026-2027 Expense/Resource Form

STUDENT: _____ FIDN#: A _____

Last nameFirst name

Clarification is needed to ensure you are being considered for the maximum amount of financial aid available. The 2024 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 2024. If you are a dependent student, you must include parental information on the second page. **In all cases, the Total 2024 Personal Income (B) must equal or exceed Total 2024 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 2024 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 2023	\$
Unreimbursed Medical	\$	*Support provided by others (Please explain below)	\$
Credit Card Payments (exclude amounts paid for in other expense categories)	\$	Tribal Benefits received in 2024 (total dollar value)	\$
Other: Explain below	\$	Other: Explain below	\$
Other: Explain below	\$	Other: Explain below	\$
(A) Total 2024 Expenses	\$	(B) Total 2024 Income	\$

*Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2024.

Dependent students must complete the next page of this form.

PARENTS 2024 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 2023	\$
Unreimbursed Medical	\$	*Support provided by others (Please explain below)	\$
Credit Card Payments (exclude amounts paid for in other expense categories)	\$	Tribal Benefits received in 2024 (total dollar value)	\$
Other: Explain below	\$	Other: Explain below	\$
Other: Explain below	\$	Other: Explain below	\$
(C) Total 2024 Expenses	\$	(D) Total 2024 Income	\$

*Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2024.

I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. We do not accept electronic signatures. 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