



# ST. FRANCIS COLLEGE

BROOKLYN HEIGHTS, NEW YORK

Student Financial Services  
Phone 718-489-5255

180 Remsen Street, Brooklyn, NY 11201  
Fax 718-643-007 Email: [sfs@sfc.edu](mailto:sfs@sfc.edu)

**2016-2017 Monthly Expense & Resource Form**

**Student's Information:**

\_\_\_\_\_  
Student's Last Name                      First Name                      M.I.    \_\_\_\_\_  
Student's Identification (ID) Number

\_\_\_\_\_  
Student's Street Address (include apt. no.)    \_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
City State Zip Code    \_\_\_\_\_  
Student's Email Address

\_\_\_\_\_  
Student's Home Phone Number (include area code)    \_\_\_\_\_  
Student's Alternate or Cell Phone Number

**Instructions**

We recently received a copy of your 2016-2017 Free Application for Federal Student Aid (FAFSA). However, the income reported appears to be unusually low. Before we proceed with our review, you (and your spouse, if applicable) must complete sections I, II, III of this form, as well as, the certification. Return the completed form within the next two weeks. **Incomplete forms will not be processed and "zero" resources will not be accepted**

**Section 1**

**2015 Monthly Paid Expenses**  
State the actual dollar amount in 2015 for each expense item

	Family Monthly Expenses	Paid Amount Per Month
1.	Home mortgage/Rental payments (This cannot be). If 0, you must explain how housing is provided and value of housing	\$
2.	Real estate taxes	\$
3.	Utilities (phone, gas, electric, water, heating, etc..)	\$
4.	Food and household supplies	\$
5.	Automobile payments	\$
6.	Automobile insurance, gas, maintenance and/or transportation	\$
7.	Life and health insurance	\$
8.	Medical expenses not covered by insurance	\$
9.	Child care/Day care	\$
10.	Clothing	\$
11.	Credit cards	\$
12.	Miscellaneous	\$
	<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

\*\*\*Continue on reverse side\*\*\*

Student's Name \_\_\_\_\_

Student's ID Number \_\_\_\_\_

**Section 2**

**2015 Monthly Resources**

List the financial resources and the monthly dollar amount that were used to meet the expenses listed on the front of this form. Submit documentation confirming listed resources.

	Family Resources	Amount Per Month
1.	Wages/ Unemployment (submit W-2's & 1099G)	\$
2.	SNAP (submit award letter for 2014-2015)	\$
3.	TNAF (submit award letter for 2015)	\$
4.	Housing Assistance (submit 2015 award letter)	\$
5.	Disability/Social Security/Pension (submit 1099 or 2015 award letters)	\$
6.	Child Support	\$
7.	Other (specify and submit documentation)	\$
	<b>Total Monthly Resources</b>	\$

**Section 3**

Are any of your expenses paid by another person? \_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, complete the information below.

	Expense Paid	Amount Per Month	By Whom (name person)	Signature of Person
1.		\$		
2.		\$		
	<b>Total Paid By Others</b>	\$		

**Certification and Signatures**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. **The student and one parent must sign and date.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date