



STUDENT EXPENSE WORKSHEET

Student Name: _____

SS# or SJC ID: _____ Date: _____

Please complete the following worksheet, sign and return it to the office immediately.

| 2015 EXPENSES | (YEARLY) | 2015 INCOME | (YEARLY) |
|-----------------------|-----------------|-------------------------------------|-----------------|
| Home Mortgage | \$ _____ | Student Wages | \$ _____ |
| <i>Rent</i> | | | |
| Utilities | \$ _____ | Spouse Wages | \$ _____ |
| <i>Telephone</i> | | | |
| <i>Fuel/oil</i> | | Untaxed Income | \$ _____ |
| <i>Electric</i> | | <i>Tips or subsidy amount</i> | |
| <i>Water</i> | | <i>Worker's Compensation</i> | |
| Insurance | \$ _____ | <i>Social Security Disability</i> | |
| <i>Car</i> | | Interest Income | \$ _____ |
| <i>Home</i> | | | |
| Real Estate Taxes | \$ _____ | Other | \$ _____ |
| | | <i>(Support from other sources)</i> | |
| Food, Medical, Misc. | \$ _____ | | |
| | | Explain: | |
| <hr/> | | | |
| Total Expenses | \$ _____ | Total Income | \$ _____ |

If expenses are higher than income, please explain:

Student Signature

Spouse Signature (if applicable)

**Return the completed worksheet to the campus you attend:
St. Joseph's College Attn: Office of Financial Aid**

Long Island Campus
155 West Roe Boulevard
Patchogue, NY 11772
FAX: 631-650-2525
PHONE: 631-687-2600

Brooklyn Campus
245 Clinton Avenue
Brooklyn, NY 11205
FAX: 718-636-6827
PHONE: 718-940-5700