



STUDENT EXPENSE WORKSHEET

Student Name: _____

SS# or SJC ID: _____ Date: _____

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

2020 EXPENSES	(YEARLY)	2020 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:	
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: 718-940-5312
PHONE: 718-940-5700