



ST. FRANCIS COLLEGE

BROOKLYN HEIGHTS, NEW YORK

The Office of Financial Aid
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2019-2020 Monthly Expense & Resource Form

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 2019-2020 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

2017 Monthly Paid Expenses

State the actual dollar amount in 2016 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	\$
	TOTAL MONTHLY EXPENSES	\$

Section 2

2017 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 2019-2020)	\$
3.	TNAF (submit award letter for 2017)	\$
4.	Housing Assistance (submit 2017 award letter)	\$
5.	Disability/Social Security/Pension (submit 1099 or 2017 award letters)	\$
6.	Child Support	\$
7.	Other (specify and submit documentation)	\$
	Total Monthly Resources	\$

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.		\$		
	Total Paid By Others	\$		

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