BRONX COMMUNITY COLLEGE

Statement of Income and Expense 2017-2018

Student Information

Last Name	First Name	CUNY First ID#

STUDENT/PARENT(S) AVERAGE MONTHLY LIVING EXPENSES IN 2015

Please list your family's average monthly living expenses in 2015, even if those expenses were not paid by you.

MONTHLY EXPENSE		MONTHLY INCOME	
Housing (rent or mortgage)		Wages from ALL Jobs	
Transportation		Unemployment compensation	
Utilities / Cell phone		Pension / retirement	
Food		Workman's Comp or Disability	
Clothing		Social Security	
Child care		Food Stamps / WIC	
Medical / dental		TANF	
Personal / miscellaneous		Child support	
		Alimony	
		Cash gifts or personal loans	
		Bills paid by others on your behalf	
		Other _____	
Total Monthly Expenses	0.00	**Total Monthly Income**	$ 0.00

☐ **I am being supported by my parent(s) financially but live away from their home.**

☐ **I am Independent but live with and am being supported by my parent(s).**

If your Average Monthly income above is less than your Monthly expense, you must explain how you met your expense:

C. Certification

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Student's Signature _____ Date _____ Parent's Signature _____ Date _____