

CALENDAR YEAR JAN 1, 2008 – DEC 31, 2008
BREAKDOWN OF INCOME & EXPENSES
Independent Student

Student Name (please print) _____

LIU ID Number _____

In support of your application for consideration as a self-supporting student, please complete the following breakdown of your **income and expenses**. **Also, attach non-returnable copies of documents to substantiate all stated amounts.** These would include, but are not limited to, W-2 forms, tax returns, rent receipts, utility bills, etc.

	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	TOTAL
Student/Spouse Gross Income													
Income Source(s)													
<u>EXPENSES:</u>													
Rent/Home Mort.													
Utilities													
Food													
Transportation													
a) AUTO – gas													
b) Public Tran													
Laundry													
Medical/Dental	X	X	X	X	X	X	X	X	X	X	Annual	Amount	
Clothing	X	X	X	X	X	X	X	X	X	X	Annual	Amount	
Entertainment	X	X	X	X	X	X	X	X	X	X	Annual	Amount	

~IN ALL CASES GROSS INCOME DOCUMENTATION IS REQUIRED~

Total Expenses _____

***IF YOUR TOTAL EXPENSES EXCEED INCOME, PLEASE ATTACH A LETTER OF EXPLANATION**

Verification statement – We, the undersigned, hereby attest that all of the information provided above in this form is true and accurate to the best of our knowledge. We agree to provide further documentation, such as federal tax returns, if requested by the Office of Financial Assistance. We are aware that the information given constitutes, in part, an application for federal funds, so that we may be liable under federal law for material omissions or false or misleading information. We realize that failure to provide correct information may void the student’s application for financial aid.

STUDENT APPLICANT

DATE

SPOUSE

DATE

RETURN TO:
OFFICE OF FINANCIAL ASSISTANCE
C.W. Post Campus of L.I. University
720 Northern Boulevard
Brookville, NY 11548-1300