CALIFORNIA STATE UNIVERSITY
Stanislaus
FINANCIAL AID AND SCHOLARSHIP OFFICE

One University Circle, Turlock, CA 95382
Telephone (209) 667-3336 Fax (209) 664-7064
www.csustan.edu/financialaid

Student Name:_____

ID#_____

2017-2018 INCOME AND EXPENSE WORKSHEET

Please check one:

STUDENT Information ☐ ***PARENT Information*** ☐

Answer each of the following questions based on expenses for calendar year 2015:

- Did you receive free housing from a friend, relative, or someone with whom you have a relationship? ☐ YES ☐ NO
- Did you receive military housing? ☐ YES ☐ NO
- Did you receive food/groceries from a friend, relative, or someone with whom you have a relationship? ☐ YES ☐ NO
- Did you receive free childcare from a friend, relative, or someone with whom you have a relationship? ☐ YES ☐ NO

Any OTHER source of income? _____

List all expenses for calendar year 2015. If few or no expenses are listed, an explanation **IS REQUIRED.**

2015 Student (and Spouse) Expenses	Annual Amount (from January 2015 – December 2015)
Rent or mortgage payment	$ x 12 = total per year
Utilities	$ x 12 = total per year
Food / Groceries	$ x 12 = total per year
Transportation	$ x 12 = total per year
Child Care/ Child Support	$ x 12 = total per year
Medical Insurance / Expenses	$ x 12 = total per year
Clothing	$ x 12 = total per year
Other (Specify):	$ x 12 = total per year
TOTAL 2015 EXPENSES	**$**
TOTAL 2015 INCOME	**$**

Please add any clarifying comments regarding your situation that will help with our review. If you listed $0 in total expenses and/or $0 in total income, you are REQUIRED to provide an explanation. Attach a separate sheet of paper if necessary (include your name and campus ID at the top of the page).

Certification & Signature

Each person signing below certifies that all of the reported information is complete and correct.

Student Signature_____ **Date**_____

Parent Signature_____ **Date**_____
(***Parents signature only required if providing parental information***)