
MONTHLY BUDGET VERIFICATION FORM

In order to assess your financial eligibility for the EOP program, please complete the following information regarding your family's estimated monthly expenditures and income. *Please be sure to not leave any information blank on the form. If the answer is zero, or it does not apply please put "0".*

Return completed form to the address on this form or financial.aid@cortland.edu

Student's Name _____

Cortland ID _____

Household Income	Amount Per Month
Income from Work (Gross)	
Business Income	
Unemployment	
Social Security Benefits	
Worker's Compensation	
Disability Benefits	
Alimony	
Child Support	
SNAP/Food Stamps	
TANF	
Rental Assistance	
Cash Assistance from Family and Friends	
Cash received or Paid on Your Behalf	
Other Sources (specify)	
TOTAL INCOME	

Student's Name_____

Cortland ID_____

Household Expenses	Amount Per Month
Rent/Mortgage	
Utilities (Electric, Water, Gas, TV)	
Telephone/Cell Phone	
Medical/Dental health Insurance	
Car/ Transportation	
Car Insurance	
Child Care	
Food	
Clothing	
Personal/Entertainment	
Miscellaneous	
TOTAL EXPENSES	

Please add clarifying comments regarding your situation to help with our review. **An explanation is required if few or no expenses were listed or if your total income and resources are \$0.**

CERTIFICATION AND SIGNATURES

By signing this worksheet, we certify that all the information reported is complete and correct.
Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. **At least one parent must sign.**

Student's Signature/ Date_____
Parent's Signature/ Date