

The Cooper Union 2017-2018

Expense/Resource Worksheet

Please complete the columns checked below. All figures should be totals for the 2015 calendar year. **DO NOT USE MONTHLY OR WEEKLY AMOUNTS.** Please note: resources should be equal to or greater than expenses. Any zero expenses must be explained.

Name: _____

SSN#: _____

PARENT		STUDENT	
<input type="checkbox"/> EXPENSES	<input type="checkbox"/> RESOURCES	<input type="checkbox"/> EXPENSES	<input type="checkbox"/> RESOURCES
Rent/ Mortgage \$	Wages/ Salaries/tips \$	Rent/ Mortgage \$	Wages/ Salaries/tips \$
Gas/elec./ Phone \$	Savings \$	Gas/elec./ Phone \$	Savings \$
Food \$	Social Security \$	Food \$	Social Security \$
Medical/ Dental \$	Veteran's Benefits \$	Medical/ Dental \$	Veteran's Benefits \$
Transportation \$	Pub. Assistance, TANF: \$	Transportation \$	Pub. Assistance, TANF: \$
Auto payments \$	Alimony and Child Support \$	Auto payments \$	Alimony and Child Support \$
Personal \$	Unemployment Compensation \$	Personal \$	Unemployment Compensation \$
Miscellaneous (describe) \$	Personal loans \$	Miscellaneous (describe) \$	Personal loans \$
\$	Cash gifts from friends Relatives \$	\$	Cash gifts from friends Relatives \$
\$	Foreign income and Support (\$US) \$	\$	Foreign income and Support (\$US) \$
\$	Federal Work Study \$	\$	Federal Work Study \$
\$	Other resources (describe) \$	\$	Other resources (describe) \$
\$	\$	\$	\$
\$	\$	\$	\$
TOTAL \$	TOTAL \$	TOTAL \$	TOTAL \$

All the information on this form is true and complete to the best of my knowledge.

_____ Mother's/stepmother's signature	_____ Date	_____ Student's signature	_____ Date
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_____ Father's/stepfather's signature	_____ Date	_____ Student's spouses signature	_____ Date
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