



For Office Use Only:
Posted: _____
Reviewed: _____

2008-2009 Verification of Total Income Form

Last Name	First Name	Stony Brook ID#
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A review of your financial aid application indicates that you reported your family had either unusually low income or no income in 2007. Please complete Sections 1 and 2 below to explain how your parents met expenses throughout the 2007 calendar year.

Failure to submit the requested information in a timely manner will result in the cancellation of your 2008-2009 federal aid.

Section 1: Parent's 2007 Living Expenses (January 1, 2007 – December 31, 2007)

	Amount per month	Number of Months	=	Yearly Total
1. Housing				
a. Rent or Mortgage	_____	X _____	=	\$ _____
b. Insurance	_____	X _____	=	_____
c. Maintenance	_____	X _____	=	_____
d. Other	_____	X _____	=	_____
2. Utilities				
a. Electricity/Gas	_____	X _____	=	\$ _____
b. Water/Sewer	_____	X _____	=	_____
c. Phone	_____	X _____	=	_____
d. Cable TV	_____	X _____	=	_____
e. Other	_____	X _____	=	_____
3. Transportation				
a. Car loan	_____	X _____	=	\$ _____
b. Insurance	_____	X _____	=	_____
c. Maintenance	_____	X _____	=	_____
d. Fuel	_____	X _____	=	_____
e. Other	_____	X _____	=	_____
4. Personal				
a. Food	_____	X _____	=	\$ _____
b. Clothing	_____	X _____	=	_____
c. Medical	_____	X _____	=	_____
d. Other	_____	X _____	=	_____
5. Day Care	_____	X _____	=	\$ _____
6. Other Expenses	_____	X _____	=	\$ _____
Total 2007 Parent's Expenses (add all lines)				\$ _____

Section 2: Parent's 2007 Annual Income (January 1, 2007 – December 31, 2007)

1. Annual Taxable Income for calendar year 2007.

a. Earned income from 2007 W-2's	\$ _____	
b. Net business income earned	_____	
c. Net farm income earned	_____	
d. Unemployment compensation	_____	
Total Taxable Income		1. _____

2. Annual Untaxed Income for calendar year 2007.

a. Welfare Benefits, TANF, AFDC,	\$ _____	
b. Social Security Benefits	_____	
c. Disability Benefits	_____	
d. Child Support Received.	_____	
e. Workman's Compensation	_____	
		2. _____

3. Annual Untaxed Assistance for calendar year 2007.

a. Foodstamps	\$ _____	
b. Day Care Assistance	_____	
c. Housing Assistance type: _____	Amt: _____	
d. Cash from Family and Friends	_____	
e. Financial Aid at: _____	Amt: _____	
f. Other: Source _____	Amt: _____	
Total Untaxed Income		3. _____

4. Other Income for calendar year 2007.

a. Interest	Amt: _____	
b. Dividends	Amt: _____	
c. Other: _____		
Total Other Income		4. _____

Total 2007 Parent's Income (1+2+3+4) \$ _____

Total 2007 Parent's Expenses from Section I	\$ _____
Total 2007 Parent's Income from Section II	\$ _____

If the total expenses from Section 1 are greater than the total income from Section 2, please explain below what additional financial resources were used to pay for the expenses.

By signing this worksheet, we certify that all information reported on it is complete and correct.

Student: _____ Date: _____

Parent: _____ Date: _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined \$20,000, sent to prison, or both.

Financial Aid Mailing and Contact Information

Please mail or fax all documents to the appropriate financial aid department listed below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

School of Medicine

Office of Student Affairs
HSC Level 4, Room 147
Stony Brook, NY 11794-8436
Telephone: 631-444-2341
Fax: 631-444-8921
mallen@notes.cc.sunysb.edu

School of Dental Medicine

Office of Academic Affairs, Admissions
115 Rockland Hall, Financial Aid
Stony Brook, NY 11794-8709
Telephone: 631-632-3027
Fax: 631-632-7130
Deborah.Schade@stonybrook.edu

Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Program in Public Health

Health Sciences Center Office of Student Services
HSC Level 2, Room 271
Stony Brook, NY 11794-8276
Telephone: 631-444-2111
Fax: 631-444-6035
hscstudentservices@stonybrook.edu

All Other Graduate and Undergraduate Programs

Office of Financial Aid and Scholarship Services
Administration Building Room 180
Stony Brook, NY 11794-0851
Telephone: 631-632-6840
Fax: 631-632-9525
финаid@stonybrook.edu