## CALENDAR YEAR JAN 1, 2010 – DEC 31, 2010 BREAKDOWN OF INCOME & EXPENSES Dependent Student

Student Name	LIU ID Number												
Parent's Name	e (please prin	t)			Please list	narental σι	<b>coss</b> incom	ne informat	tion				
	Jan 2010	Feb 10	Mar 10	Apr10	May 10	Jun 10	Jul 10	Aug 10		Oct 10	Nov 10	Dec 10	TOTAL
arent's Gross													
ncome ource(s)													
EXPENSES:													
Mort. Itilities													
ood													
ransportation ) AUTO – gas													
) Public Tran													
aundry													
Iedical/Dental	X	X	X	X	X	X	X	X	X	X	Annual	Amount	
Clothing	X	X X	X X	X	X X	X X	X X	X	X X	X	Annual	Amount	
ntertainment	Λ	Λ									Annual	Amount	
					SES GROSS INCOME DOCUMENTATION IS REQUIRED~  Total Expenses L EXPENSES EXCEED INCOME, PLEASE ATTACH A LETTER OF EXPLANATION								
Verification state documentation, su may be liable und	ich as federal ta	ax returns, if r	d, hereby atterequested by t	st that all of he Office of	the information Financial Ass	on provided a sistance. We	bove in this are aware the	form is true anat the inform	and accurate nation given o	to the best of constitutes, in	our knowledge part, an applic	e. We agree to ation for federa	al funds, so that we
Student Applicant Da				ate			RETURN TO: OFFICE OF FINANCIAL ASSISTANCE C.W. Post Campus of L.I. University						
Father or Stepfather D.				ate		720 Northern Boulevard Brookville, NY 11548-1300 Phone (516)299-2338 Fax (516)299-3833							

Date

Mother or Stepmother