

## Parent(s) Expense/Resource Listing

STUDENT NAME \_\_\_\_\_

NEW SCHOOL ID N \_\_\_\_\_

### Part One: Parent(s) Yearly Income/Resources

Dates included: January 1, 2008 to December 31, 2008 (Please use actual & best estimated figures possible)

Work \$ \_\_\_\_\_  
 Interest/dividends on investments \$ \_\_\_\_\_  
 Cash support you receive from family, friends, others \$ \_\_\_\_\_  
 Social Security/Disability \$ \_\_\_\_\_  
 Other income \$ \_\_\_\_\_  
 Loans \$ \_\_\_\_\_  
 Total YEARLY income \$ \_\_\_\_\_

### Part Two: Parent(s) Monthly Expenses

Monthly Expenses:	How you pay for these expenses:			
		From earnings	From savings	Someone else pays this expense (i.e. friend, other family member, associate, etc.)
Rent or Mortgage	\$	\$	\$	\$
Utilities (heat, gas, light)	\$	\$	\$	\$
Food	\$	\$	\$	\$
Phone	\$	\$	\$	\$
Medical expenses (insurance, co-payments, medications)	\$	\$	\$	\$
Car	\$	\$	\$	\$
Transportation	\$	\$	\$	\$
Other expenses: _____	\$	\$	\$	\$
School-related expenses (tuition, books and supplies)	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Total:</b>	\$	\$	\$	\$

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Return Completed Form to:

Student Financial Services  
 72 Fifth Ave, New York, NY 10011  
 Tel: 212-229-8930 Fax: 212-229-5919 E-mail: sfs@newschool.edu