

2020-21 Monthly Income, Expense and Benefit Form MD Program



Financial Aid, Student Accounting & Registrar
1300 York Avenue
Room C-114
New York, NY 10065
T: 646.962.3479
F: 212.746.5981

Student Name: _____ Student CWID: _____

Class Year: YR 1 YR 2 YR 3 YR 4 EC

Complete this application and return to our office with the additional documentation requested, if required.

Parent 1 Name: _____ Parent 1 Phone: _____ Parent 1 E-mail: _____

Parent 2 Name: _____ Parent 2 Phone: _____ Parent 2 E-Mail: _____

Benefits:

Indicate a monthly dollar amount next to the benefits that your family receives (if applicable):

Benefits	Current Monthly Amount
Housing Assistance (HUD, section 8)	
Food Stamps (SNAP, TANF, etc)	
Utilities Assistance (HEAP)	
Meal Assistance	
Other	
Total	\$

Support from Others:

Indicate a monthly dollar amount that the family receives in support from others (friends, family, church, etc.):

Total \$ _____

Monthly Income:

Income Source	Last Year Monthly Average	Current Year Monthly Average
Net Wages		
Net Rental/Business Income		
Unemployment Benefits		
Disability/SSI Benefits		
Child Support		
IRA/Pension Distributions		
Other (specify):		
Total from Benefits and Support from Others(above)		
Total	\$	\$

Monthly Expenses:

Indicate only the amount that family is responsible for:

Expense	Last Year Monthly Average	Current Year Monthly Average
Mortgage/Rent		
Mortgage/Rent(other real estate combined)		
Mortgage/Rent(Business/Farm)		
Food		
Clothing & Personal		
Utilities (heat, water, phone, etc)		
Transportation		
Out of Pocket Medical Expenses		
Education (siblings of student only)		
Miscellaneous		
Other (specify)		
Total	\$	\$

Explanation

If total expenses exceed your total income, then provide an explanation below to indicate how you are meeting the remaining expenses.

Student/Parent Certification

Signature is required by parent and student

I/We understand that, as of the date this application is signed, the information included herein is true and accurate to the best of my/our knowledge and is not falsely represented.

SIGNATURE OF STUDENT DATE

SIGNATURE OF PARENT(S) DATE

Please return completed form to the Office of Financial Aid, 1300 York Avenue, Room C-114

Fax: 212-746-5981 or email to: finaid@med.cornell.edu

Processed: