



Office of Financial Aid
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Kingsborough Community College
Of The City University of New York
2001 Oriental Boulevard
Brooklyn, New York 11235

2026-2027 Statement of Income and Expense

Student Information

Last Name	First Name	CUNY First ID#

STUDENT/PARENT(S) AVERAGE MONTHLY LIVING EXPENSES IN 2024

Please list your family's average monthly living expenses in 2024, even if those expenses were not paid by you. If you leave it blank it's assumed it is "0".

MONTHLY EXPENSE		MONTHLY INCOME	
Housing (rent or mortgage)	\$	Wages from ALL Jobs	\$
Transportation	\$	Unemployment compensation	\$
Utilities / Cell phone	\$	Pension / retirement	\$
Food	\$	Workman's Comp or Disability	\$
Clothing	\$	Social Security	\$
Child care	\$	Food Stamps / WIC	\$
Medical / dental	\$	TANF	\$
Personal / miscellaneous	\$	Child support	\$
		Alimony	\$
		Cash gifts or personal loans	\$
		Bills paid by others on your behalf	\$
		Other _____	\$
Total Monthly Expenses	\$	Total Monthly Income	\$

☐ I am being supported by my parent(s) financially but live away from their home.

☐ I am Independent but live with and am being supported by my parent(s).

Please note: If the average monthly income is less than your monthly expense, you must explain how you met your expenses.

C. Certification

If you are the parent or the student, by signing this application, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Student's Signature	Date	Spouse's / Parent's Signature	Date
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