

Financial Aid & Educational Financing: Columbia College & Columbia Engineering; Office Location: 618 Alfred Lerner Hall Phone: 212-854-3711; http://cc-seas.financialaid.columbia.edu/

Submit to IDOC or email to ugrad-finaid@columbia.edu

| Family Income and Expense Worksheet – 2025 | <u></u> |
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| You will only need to complete this form if we specifically a | sk for it. This form is intended to correlate your family's annual |
| government benefits. Please also provide documentation of | f income for the calendar year, including gifts from relatives, and any government assistance you may have received during the an explanation as to how you funded your expenses for the year. |
| Student Name: | Columbia ID: |
| Income: Please list all sources of expected income to be rece | ived in 2025. |
| | |

| | | Columbia ID: | |
|---|---------------------------|---|---|
| ne: Please list all sources of expected income t | o be receive | d in 2025. | |
| Wages (box 1 of your W-2 statements): | | Prior year tax refund: | |
| Dividend and Interest income: Net business income: | | Government Benefits (SNAP, TANF, etc.): please specify type of assistance and amount received for each: | |
| | | type of assistance and a | nount received for each: |
| Unemployment compensation: | | | |
| Social Security Income: | | Gifts from family or friends: | |
| Alimony received: | | | |
| Pension/IRA distributions: | | Other income: Please clarify source and amount: | |
| Child support received: | | | |
| nses: Please list all expected annual expenses f | for 2025. | TOTAL Income: | |
| Household Expenses | House | ehold Expenses, cont'd | Taxes; Other |
| Rent/mortgage: | Food: | | Federal Taxes: |
| Education Loan repayment: | Transportation: | | State/Local Taxes: |
| Car payments: | Utilities: _ | | Real Estate Taxes: |
| Credit Card payments: | Telephone: | | Union Dues: |
| Homeowner's/Renter's Insurance: | Medical/Dental: | | Child Support/Alimony paid: |
| Health Insurance: | Clothing/Laundry: | | |
| Life Insurance: | Home maintenance: | | Out-of-pocket expenses for relatives: please specify: |
| Car Insurance: | Charitable contributions: | | |
| Sibling elementary/secondary school tuition | Recreation/entertainment: | | |

| TOTAL Expenses: | | |
|------------------------|------|--|
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| If your expenses exceed your income, please provide clarification on a separate page. | | | | |
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| Student Signature | Date | | | |
| Parent Signature | Date | | | |