



Student Budget Form

Administrative Office of the Bursar Phone: 212-217-3720 Fax: 212-217-3721

Complete this form only if you are an independent student under 24 years old.

_____ @ _____
Last Name, First Name Student ID

Check appropriate box:

- I have my own apartment
- I share an apartment
- I live with a parent or other relative

Please itemize your expenses and income for the previous 12 months:

EXPENSES PER YEAR

Rent/Mortgage	\$ _____
Utilities	\$ _____
Food	\$ _____
Transportation	\$ _____
Personal	\$ _____
Tuition	\$ _____
Educational Supplies	\$ _____
Other (explain below)	\$ _____
TOTAL	\$ _____

RESOURCES PER YEAR

Earnings	\$ _____
Financial Aid	\$ _____
Other Income (Please explain below)	\$ _____
TOTAL	\$ _____

Please use this section to explain any unusual circumstances:

Attach appropriate documentation to back up your financial independence.

Signature _____ Date _____



ALTERNATE LEASE STATEMENT

Name of the Student _____ Semester _____
Last First MI

Student ID # _____ Phone # (____) _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

E-Mail _____

I lived at the above address from _____ to _____ but the lease is NOT in my name.
Month/Day/Year Month/Day/Year

TO BE COMPLETED BY THE PERSON WHOSE NAME APPEARS ON THE LEASE OR CONTRACT

I _____ certify that I reside at the address indicated above and
Owner/Lease Name

_____ has resided with me from _____ to _____.
Student's Name Month/Day/Year Month/Day/Year

Proof that I have resided at the above address for one year is attached (e.g. lease, telephone bill, utility bill, apartment or house insurance, mortgage statement).

Signed _____ Date _____

NOTARIZED

Sworn before me this _____ day of the month of _____, 20_____

Notary Public

I certify that the above information is accurate and complete. I understand that this information may affect my residency status at the college.

I understand that if I provide false information or withhold relevant information in order to obtain resident status, Fashion Institute of Technology may revoke its determination of in-state residency, and that I will owe non-resident tuition for each semester or session that I have attended under these circumstances. I also understand that I may be subject to disciplinary action.

Signed _____ Date _____

NOTARIZED

Sworn before me this _____ day of the month of _____, 20_____

Notary Public