



Monthly Income and Expense Statement

Student Name: _____
Print Name

Instructions: To help us review your application for financial aid, please have your parent(s) complete and itemize the following items. Enter "0" for any items that do not apply to your parent(s). Entries should reflect *current* income and expenses.

If your expenses exceed your income, please provide an explanation of the back of the form as to how any shortfall is being met.

CURRENT RESOURCES	Amount Per Month	CURRENT EXPENSES	Amount Per Month
Salary	_____	Rent/Mortgage	_____
Interest + Dividends	_____	Utilities	_____
Rental Income	_____	Insurance Premiums	_____
Business Income	_____	Loan Payments	_____
Social Security Benefits	_____	Credit Cards	_____
Pension/Retirement Benefits	_____	Car Payments	_____
Alimony Received	_____	Consumer Debt	_____
Child Support Received	_____	Food	_____
Unemployment Benefits	_____	Clothing	_____
Workman's Compensation	_____	Commuting	_____
Disability Benefits	_____	Child Care	_____
VA Benefits	_____	Medical	_____
Support from Others/Family	_____	Education	_____

If these categories don't relate to your individual circumstance, please provide information about your living situation below.

I/We certify 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 rep
You and one parent must sign below.

Student Signature _____ Date _____

Parent Signature _____ Date _____