



PARENT INCOME AND EXPENSE STATEMENT

In order to determine your son or daughter’s eligibility for financial assistance, it is essential that we obtain the specific information about your Expenses and Resources. Please supply the information requested for the calendar year indicated. Please do not leave any blanks, if a category does not apply, simply write in 0.

STUDENT INFORMATION

Last Name, First Name ID

IDENTIFYING EXPENSES **JANUARY – DECEMBER 20**

Tuition Paid (DO NOT include Student Loans)	\$
Rent or Mortgage payments	\$
Utilities (gas, phone, electric, etc.)	\$
Food and household items	\$
Clothing	\$
Transportation	\$
Medical and Dental	\$
Recreation	\$
Child Care	\$
Other, please explain	\$

TOTAL EXPENSES \$

RESOURCES **JANUARY – DECEMBER 20**

From Savings	\$
Income from Employment	\$
Interest and dividends (provide source):	\$
Personal Loans (provide source) (NOT Student Loans):	\$
Other, please explain	\$

TOTAL RESOURCES \$

VERIFICATION AND SIGNATURES

I (We) certify that the information on this form is true and correct, and that if requested, I (We) will provide copies of receipts, statements, and/or cancelled checks to verify the information provide above.

Father’s Signature **Date**

Mother’s Signature **Date**