



# STUDENT INCOME AND EXPENSE STATEMENT

The Financial Aid Office needs additional information to continue reviewing your file. Please itemize your expenses and the resources for the calendar year indicated. Please do not leave any blanks, if a category does not apply, simply write in 0.

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## STUDENT INFORMATION

Last Name, First Name ID

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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	\$
<b>TOTAL EXPENSES \$</b>	

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RESOURCES	JANUARY – DECEMBER 20
From Savings	\$
Income from Employment	\$
Interest and dividends (provide source):	\$
Personal Loans (provide source) (NOT Student Loans):	\$
Other, please explain	\$
<b>TOTAL RESOURCES \$</b>	

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## 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.*

Student Signature Date

Spouse's Signature Date