



UNIVERSITY OF  
NOTRE DAME

OFFICE OF STUDENT FINANCIAL SERVICES  
FINANCIAL AID  
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**PARENT MONTHLY EXPENSE  
STATEMENT**

Student's Name \_\_\_\_\_ NDId \_\_\_\_\_  
Last First

Please provide the following information about your family's monthly expenses and attach documentation for items with an asterisk (\*). Form may be scanned and emailed to faforms@nd.edu.

EXPENSE CATEGORIES	MONTHLY EXPENSES
<input type="checkbox"/> Mortgage or <input type="checkbox"/> rent (select one)—primary residence	\$ _____
Mortgage for other properties— <input type="checkbox"/> vacation or <input type="checkbox"/> rental (select one)	\$ _____
Property taxes (if not included in mortgage)	\$ _____
Homeowner's insurance (if not included in mortgage)	\$ _____
Food	\$ _____
Home heating	\$ _____
Electric	\$ _____
Telephone, cell phone, internet, cable	\$ _____
Water, sewer, trash removal	\$ _____
Automobile payments	
Make & model—automobile 1) _____	\$ _____
Make & model—automobile 2) _____	\$ _____
Automobile -- insurance, gas, maintenance, tolls	\$ _____
Consumer debt— credit cards, home equity loan, personal loan, etc.	\$ _____
Educational debt—borrowed by parent, repaying currently*	\$ _____
Life insurance	\$ _____
Medical/dental expenses not covered by insurance*	\$ _____
Private elementary or secondary tuition*	\$ _____
Support of other family members not residing with you*	\$ _____
Other (explain)* _____	\$ _____

**INCOME CATEGORIES (MONTHLY INCOME)**

Parent 1 (Father/Stepfather)      Gross \$ \_\_\_\_\_ Net (take home) \$ \_\_\_\_\_  
 Parent 2 (Mother/Stepmother)      Gross \$ \_\_\_\_\_ Net (take home) \$ \_\_\_\_\_  
 Other: (e.g., unemployment, child support, rental income, investment income)  
 \_\_\_\_\_ \$ \_\_\_\_\_

I certify that the above information reflects my best estimate of monthly expenses and income. I understand that verification of this data may be requested at a later date and that our financial aid award may be adjusted based upon the verification process.

Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_