



PARENT MONTHLY EXPENSE STATEMENT FOR 2017

Student's Name Last First NDid

Please provide the following information about your family's monthly expenses for 2017. Include documentation for items with an asterisk (*).

Table with 2 columns: EXPENSE CATEGORIES and MONTHLY EXPENSES. Rows include: Primary residence (mortgage/rent), Mortgage for other properties (vacation/rental), Property taxes, Homeowner's insurance, Food, Utilities, Cell phone, Automobile loan payment(s), Automobile insurance, Consumer debt, Educational debt, Life insurance, Medical/dental expenses, Private elementary or secondary tuition, Support of other family members, Other (please specify).

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, support from friends/relatives) \$

If your expenses exceed your income, please attach an explanation of how you are meeting the deficit.

I/We certify that the above information reflects the best estimate of monthly expenses and income. Electronic signatures are not acceptable.

Parent 1 Signature Date

Parent 2 Signature Date

Please submit signed and completed form, along with supporting documentation, to the Office of Financial Aid. Contact information provided below for email (preferred method), fax, and mail.