



UNIVERSITY OF  
NOTRE DAME

OFFICE OF STUDENT FINANCIAL SERVICES  
FINANCIAL AID  
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**PARENT MONTHLY EXPENSE  
STATEMENT FOR 2016**

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

Please provide the following information about **your family's monthly expenses for 2016. Include 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   | \$ _____         |
| Utilities: home heating (gas/electric), water, sewer, trash removal  | \$ _____         |
| Cell phone, telephone, internet, cable service   | \$ _____         |
| Automobile loan payment(s)   |                  |
| 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, disability insurance   | \$ _____         |
| Medical/dental expenses not covered by insurance*  | \$ _____         |
| Private elementary or secondary tuition*   | \$ _____         |
| Support of other family members not residing with you*   | \$ _____         |
| 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, etc.)  
 \_\_\_\_\_ \$ \_\_\_\_\_

**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.

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

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