



PARENT MONTHLY EXPENSE STATEMENT FOR 2019

Student's Name _____ NDId _____
Last First

Please provide the following information about your family's monthly expenses for 2019. 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, 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 Name _____ Gross \$ _____ Net (take home) \$ _____
Parent Name _____ 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.

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) and mail.