UNIVERSITY OF NOTRE DAME
OFFICE OF FINANCIAL AID

PARENT MONTHLY EXPENSE STATEMENT

Student's Name _____ NDid _____
Last First

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

EXPENSE CATEGORIES	MONTHLY EXPENSES
Primary residence - ◯ mortgage or ◯ rent (select one)	$_____
Mortgage for other properties—◯ vacation or ◯ 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 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.