

PARENT MONTHLY EXPENSE STATEMENT

Student's Name	NDid
Last First Please provide the following information about your family's current Include documentation for items with an asterisk (*).	monthly expenses.
EXPENSE CATEGORIES	MONTHLY EXPENSES
Primary residence - \square mortgage or \square rent (select one)	\$
Mortgage for other properties— \square vacation or \square 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)	<u> </u>
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)*	<u> </u>
INCOME CATEGORIES (MONTHL	Y INCOME)
Parent NameGross \$	Net (take home) \$
Parent Name Gross \$	Net (take home) \$
Other: (e.g., unemployment, child support, rental income, investment	
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.	
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Parent 1 Signature	Date
Parent 2 Signature	Date

Please submit the signed and completed form, along with supporting documentation, to the Office of Financial Aid via our secure document upload portal (go.nd.edu/fa-forms).