

**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 - <input type="radio"/> mortgage or <input type="radio"/> rent (select one)              | \$ _____         |
| Mortgage for other properties— <input type="radio"/> vacation or <input type="radio"/> 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 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 \(go.nd.edu/fa-forms\)](https://go.nd.edu/fa-forms).**