



# EMORY UNIVERSITY

## Statement of Monthly Income and Expenses

Emory University  
Office of Financial Aid

Phone: 404.727-6039  
Fax: 404.727-6709

<b>Student's Name:</b>	<b>Emory ID (EMPL):</b>
<b>Email Note: Communications regarding this request will be sent via email to the student's email address marked as preferred in OPUS.</b>	Last 4 Digits of Student SSN (if ID Number Unknown):  XXX - XX - _____

**INSTRUCTIONS:** This form has been sent to you based on your financial aid application materials that have been submitted which suggest that the family's expenses are greater than their income. To gather a better understanding of the family's financial situation, please complete and return this form. Please have your parents read both sides of this form and then complete all three sections. **Do not leave any line blank. Enter zeroes where appropriate.** Extra space has been provided for you to identify additional income resources.

We assume that every person must have some form of income and/or support to cover basic living expenses. If zero income and expense is reported with no explanation of how you are meeting basic living expenses, your appeal will not be considered.

Documents requested by the Office of Financial Aid may be submitted via US mail, email or fax. **In an effort to safeguard your personal information, the Office prefers that forms be submitted via fax.** Our fax number is 404-727-6709. Should you chose another option, our address is 200 Dowman Drive, Suite 300, Atlanta, GA 30322, and our general email account is [finaid@emory.edu](mailto:finaid@emory.edu).

**Certification Statement**

I certify that the information I am providing is true, complete, and correct to the best of my knowledge. Both parent and student agree to notify the Office of Financial Aid if the circumstance described below changes, if employment is obtained, or other sources of income are found. I understand that the decision of the appeals committee will be emailed to the email address marked as preferred in OPUS.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**A: MONTHLY LIVING EXPENSES** Please list monthly living expenses for each item listed below. Attach a separate written statement detailing other expenses that are not requested, but you wish us to know about.

LIVING	UTILITIES
Rent \$ _____ Mortgage \$ _____ Food \$ _____	Telephone \$ _____ Gas \$ _____ Cell Phone \$ _____ Cable \$ _____ Electric \$ _____ Internet \$ _____
Living Total: \$ _____	Utilities Total: \$ _____
MISCELLANEOUS	TRANSPORTATION
Personal Expenses (i.e. clothing, etc.) \$ _____ Child Care \$ _____ Insurance (i.e. health, life, etc.) \$ _____	Number of Vehicles _____ Car Payment \$ _____ Insurance \$ _____ Fuel \$ _____ Repairs \$ _____
Other \$ _____ (Explain)	Public Transportation \$ _____
Miscellaneous Total: \$ _____	Transportation Total: \$ _____
<b>TOTAL MONTHLY EXPENSES</b> (add all the expenses)	
Living \$ _____ Utilities \$ _____ Misc \$ _____ Transport \$ _____	
Monthly Expenses Total: \$ _____	

**B: MONTHLY INCOME** Please list monthly income for each item below. If income is less than the expenses reported in Section A, please provide an explanation in Section C.

Income	Father/Stepfather Wages and Salary	\$
	Mother/Stepmother Wage and Salary	\$
	Unemployment Compensation	\$
	Section 8 Housing, HUD, or Income Sensitive Rent Subsidy	\$
	SNAP (Food Stamps), WIC, or Medicaid	\$
	Disability Benefits	\$
	Social Security Benefits	\$
	AFDC, ADC, TANF	\$
	Child Support	\$
	Alimony	\$
	Veteran's Benefits	\$
	Worker's Compensation	\$
Additional Resources	If you utilized your savings to help cover expenses, please indicate the amount of savings withdrawn each month, and provide documentation showing withdrawals.	\$
	If you financed any of your expenses through a loan or credit, please indicate the amount of your loan or credit debt attributed to current year expenses only. Please provide documentation.	\$
	If you received assistance from relatives or friends (know as in kind support), please indicate the amount they provide monthly.	\$
	Other (explain)	\$
<b>Total Monthly Income</b> (add all of the resources)		\$

**C: ADDITIONAL INFORMATION** Please provide any additional information that would help us understand how you meet your living expenses.

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**Internal Use Only**

Review Date:	Advisor Initials:
Decision Comments:	