



## 2024-2025 Statement of Monthly Income and Expenses

This form is being requested based on your submitted financial aid application materials which suggest the family's expenses are greater than their income. To better understand your family's financial situation, please complete this form. Please complete all sections. **Do not leave any line blank. Enter zeroes where appropriate.** Extra space has been provided for you to identify additional income sources.

We assume 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.** When submitting documentation, please do not submit image files or photographs.

Certification						
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 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 Signer Name:		Student Signer E-mail:			Student Signature:	
Parent Signer Name:		Parent Signer E-mail:			Parent Signature:	
Step 1: Student Information						
Student First Name:				Student Last Name:		
EMPLID:				Last 4 Digits of Student SSN (if ID Number Unknown): xxx - xx -		
Step 2: Monthly Living Expenses						
Please list monthly living expenses for each item listed below.						
Utilities						
Telephone	Cell Phone	Electric	Gas	Cable	Internet	Utilities Total
Transportation						
Number of Vehicles	Car Payment	Fuel	Car Insurance	Repairs	Public Transportation	Transportation Total
Living						
Rent	Mortgage	Food	Living Total			

<b>Miscellaneous</b>					
Personal	Child Care	Insurance	Other	Miscellaneous Total	
Other Explanation:					
<b>Total Monthly Expenses</b>					
Utilities	Transportation	Living	Miscellaneous	Total Monthly Expenses	
<b>Step 3: Monthly Income</b>					
Please list monthly income for each item below. If income is less than the expenses reported in Step 2, please provide an explanation in Step 4.					
<b>Income</b>					
	Father/Stepfather Wages and Salary				
	Mother/Stepmother Wages 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				
<b>Additional Resources</b>					
	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 (known as in kind support), please indicate the amount they provide monthly.				
	Other				
	Other Explanation:				
	<b>Total Monthly Income</b>				
<b>Step 4: Additional Information</b>					
Please provide any additional information that would help us understand how you meet your living expenses.					