EMORY UNIVERSITY

Emory University
Office of Financial Aid
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Atlanta, GA 30322

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2027-2028 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**			

Miscellaneous					
Personal	**Child Care**	**Insurance**	**Other**	**Miscellaneous Total**	
Other Explanation:					
Total Monthly Expenses					
Utilities	**Transportation**	**Living**	**Miscellaneous**	**Total Monthly Expenses**	

Step 3: Monthly Income

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.

Income

	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	

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 (known as in kind support), please indicate the amount they provide monthly.	
	Other	
	Other Explanation:	
	Total Monthly Income	

Step 4: Additional Information

Please provide any additional information that would help us understand how you meet your living expenses.