

# Parent Income and Expenses

## 2019-2020

Student Name (please print) \_\_\_\_\_

Student ID (if known) \_\_\_\_\_

Please provide a breakdown of your family's income and expenses. Please note, not all expenses are recognized for the purposes of determining financial aid eligibility.

### 1. Parent Information

Whose information is reported on this form? (Check all that apply)

- Both Parents     
  Custodial Parent     
  Noncustodial Parent     
  Step-parent

Parent 1 Name \_\_\_\_\_

Parent 2 Name (if applicable) \_\_\_\_\_

### 2. Income and Expenses

Please list all sources of income you received during the 2017 calendar year (January 1, 2017 to December 31, 2017). Please list an average of your monthly expenses. **If something does not apply to you, please write \$0 or N/A.**

Yearly Income	Monthly Expenses
\$ _____ Income earned from work by Parent 1	\$ _____ Rent/Mortgage
\$ _____ Income earned from work by Parent 2	\$ _____ Food/Groceries
\$ _____ Net business/farm income	\$ _____ Utilities (Gas, Electricity, Water, Trash)
\$ _____ Rental income	\$ _____ Internet/Cable
\$ _____ Interest/dividend income	\$ _____ Telephone
\$ _____ Withdrawals from pensions/annuities	\$ _____ Car Insurance/Car Payment
\$ _____ Severance pay	\$ _____ Child Care
\$ _____ Unemployment benefits	\$ _____ Medical Insurance
\$ _____ Social Security Benefits	\$ _____ Out of Pocket Medical/Dental Expenses
\$ _____ Temporary Aid for Needy Families (TANF)	\$ _____ Recreation/Entertainment
\$ _____ Child support received	\$ _____ Gasoline/Public Transportation
\$ _____ Alimony, Source: _____	\$ _____ Personal Care
\$ _____ Veteran's benefits (non-educational)	\$ _____ Clothing
_____ Housing, food and other living allowances (i.e. military, clergy)	\$ _____ Other 1, Specify: _____
\$ _____ SNAP benefits (aka Food Stamps)	\$ _____ Other 2, Specify: _____
\$ _____ Disability benefits	\$ _____ Other 3, Specify: _____
\$ _____ Other income not previously reported	\$ _____ Other 4, Specify: _____
Specify: _____	
<b>Total Income:</b> \$ _____	<b>Total Expenses:</b> \$ _____

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\_\_\_\_\_  
**Student ID (if known)**

### 3. Supplemental Questions

If any source of income was due to a one-time event, please clarify below.

If your expenses exceed your income, please clarify how expenses are paid and the source of funding (e.g., family support, untaxed income, etc.).

### 4. Certification

I certify that the information reported on this form and all supporting documentation is true and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*