

Parents' Income and Expense Form

Student's Name _____

Student ID (sfxxxxxx) _____

Student's Email: _____

Parent(s): In order to evaluate your son or daughter's financial aid eligibility, we need additional information. Please itemize your **monthly** income and expenses from:

January 1, 2015 through December 31, 2015

If your income is from a foreign country, please complete the information below in terms of U.S. dollars. **If you are reporting little or no income, please attach a statement explaining how your family was supported.**

AVERAGE INCOME:

Employment (salary, wages, tips) _____/month

Interest and dividend income _____/month

Other taxable income (alimony, pensions, rental income, unemployment benefits, capital gains, etc.) Indicate the source: _____/month

Non-taxable income (social security, veteran's benefits, child support, welfare, AFDC, TANF, etc.) Indicate the source: _____/month

Business income (all businesses must be reported including partnerships and corporations.) _____/month

AVERAGE EXPENSES:

Rent / mortgage payment, including property taxes _____/month

Utilities (gas, electric, telephone) _____/month

Food / household expenses _____/month

Car, transportation expenses (payments, insurance, gas, repairs) _____/month

Medical & dental expenses _____/month

Childcare expenses _____/month

Other expenses: Specify - _____/month

Certification: The above figures represent complete disclosure of my/our income and expenses for the period indicated. I/We understand that any changes in this information must be reported to the Student Financial Aid Office. **At least one parent must sign.**

Parent's Signature _____

Date _____