Income and Expense Statement 2016-2017

Student’s Name: ____________________________________________  Student ID: ____________________________

Please complete the following information. If zero income is reported, please submit a letter explaining how you and your family meet expenses reported below.

### MONTHLY INCOME

- Total anticipated earnings from work by father/stepfather: $__________________
- Total anticipated earnings from work by mother/stepmother: $__________________
- Total anticipated earnings from interest and dividends: $__________________
- Total anticipated profit from business/farm: $__________________
- Other taxable parental income (please circle all that apply): $__________________
  (Rental income, alimony, pensions, unemployment, annuities, capital gains, royalties, partnerships, estates, trusts, severance payments, etc.)
- Other untaxed parental income (please circle all that apply): $__________________
  (Disability benefits, social security benefits, supplemental income, food Stamps, TANF Benefits, Worker’s compensation, cash support from others, etc.)

**TOTAL** $__________________

### MONTHLY EXPENSES

Do your monthly expenses exceed your monthly income:  Yes  __  No. If yes, you are required to provide a letter of explanation with this form on how your family expenses are paid and the source of funds (family support, untaxed income, etc.)

- Rent/Mortgage  $________________________
- Medical Insurance  $__________________
- Food  $________________________
- Out of Pocket Med/Dental Expenses $__________________
- Gas/Electric/Water/Trash  $________________________
- Child Care  $__________________
- Telephone  $________________________
- Clothing  $__________________
- Car Maintenance/Repairs  $_____________________
- Recreation  $__________________
- Car Insurance  $__________________
- Miscellaneous  $__________________
- Gas/Public Transportation  $__________________
- Other (Please Explain Below)  $__________________

**TOTAL** $__________________

### CERTIFICATION

I certify that all of the information reported on this form and any attachments are true, complete and accurate. I agree to provide additional proof of the information reported here, if requested to do so. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student Signature__________________________________________________________________________ Date___________________________

Parent Signature___________________________________________________________________________ Date___________________________