

2018-2019 Monthly Income and Expense Form Student

Student Name

LMU ID

Complete this form with your monthly income and expenses as of today. Use averages if necessary. **If an item is zero or non-applicable, indicate "0." Do not leave any answer blank.** Please return this form to the LMU Financial Aid Office. The income listed should meet or exceed your expenses. **If your expenses exceed your income, please provide a detailed explanation in a separate letter attached to this form .**

Current Monthly Income

Source	Amount
<i>Taxable Income</i>	
Wages, Salaries, Tips, etc.	\$ _____
Tax exempt Interest	\$ _____
Dividends	\$ _____
Refunds of State and Local Taxes	\$ _____
Alimony Received	\$ _____
Business Income or Loss	\$ _____
Other Gains or Losses	\$ _____
IRA Distribution	\$ _____
Pensions and Annuities	\$ _____
Rents, Royalties, Partnerships, Estates, Trusts, etc.	\$ _____
Farm Income or Loss	\$ _____
Unemployment Compensation	\$ _____
Social Security Benefits	\$ _____
Other Taxable Income:	\$ _____
	\$ _____
	\$ _____
Total Taxable Income	\$ _____

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Current Monthly Income *(continued)*

Source

Amount

Untaxable Income

Personal Loans

\$

Non-Court Ordered Spousal Support

\$

Child Support

\$

Temporary Assistance for Needy Families (TANF)

\$

Using Savings to Meet Expenses

\$

Other Untaxed Income:

\$

\$

\$

Total Untaxable Income

\$

TOTAL INCOME

\$

Do you share living expenses with others?

Yes No

Do you receive a housing subsidy? If yes, please list type and amount here:

Yes No

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Current Academic Year Expenses

Type of Expense	Monthly Expense	Annual projected expense
1. Rent or mortgage payment(the portion for which you are responsible) :	\$ _____	\$ _____
2. Utilities (gas, electricity, water, phone, etc.) :	\$ _____	\$ _____
3. Insurance Payments (auto, medical/dental, home, etc.) :	\$ _____	\$ _____
4. Food/household supplies :	\$ _____	\$ _____
5. Credit Card Payments :	\$ _____	\$ _____
6. Transportation (car payments, gas, repairs, public transit) :	\$ _____	\$ _____
7. Medical/Dental Out of Pocket :	\$ _____	\$ _____
8. Private Elementary/Secondary School Tuition :	\$ _____	\$ _____
9. Educational Loan Payments (PLUS, Stafford, etc) :	\$ _____	\$ _____
10. Car Payments :	\$ _____	\$ _____
11. Recreation :	\$ _____	\$ _____
12. Other(specify): <input style="width: 300px; height: 20px;" type="text"/>	\$ _____	\$ _____
Total Expenses :	\$ _____	\$ _____

Certification : I/WE HEREBY CERTIFY THAT ALL INFORMATION REPORTED IS TRUE, COMPLETE AND ACCURATE. FALSE STATEMENTS OR MISREPRESENTATIONS WILL BE CAUSE FOR DENIAL, REDUCTION, WITHDRAWAL AND/OR REPAYMENT OF FINANCIAL AID.

Print Father's Name

Father's Signature

Date

Print Mother's Name

Mother's Signature

Date

**Mail: LMU Financial Aid Office
1 LMU Drive, Suite 270
Los Angeles, CA 90045**

**Phone: 310.338.2753
Fax: 310.338.2793**

Click the 'Submit by Email' button if you have an email client configured (eg: Outlook, Outlook Express, Entourage etc.) -OR- save the file to your computer and attach the file using your web-based email (AOL, Yahoo, Gmail, etc.) and send it to finaid@lmu.edu. Documents must be signed before they can be accepted.